

**GILA COUNTY  
COMMUNITY DEVELOPMENT DIVISION  
Development Code(s) Complaint Investigation Form**

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Specific Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLAINT FILED BY:             Counter     Phone     Mail     Field

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Complaint Received By: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

COMPLAINT NO: \_\_\_\_\_ PARCEL NO: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OCCUPANT: (Circle Applicable) RENTER OR LESSEE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

INSPECTOR: \_\_\_\_\_

COPY OF COMPLAINT REFERRED TO: \_\_\_\_\_