

**GILA COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT
COMPLAINT FORM**

DATE: _____
PROPERTY ADDRESS: _____

SPECIFIC COMPLAINT: _____

COMPLAINT FILED BY: COUNTER PHONE MAIL STAFF

NAME: _____ PHONE: _____
ADDRESS: _____
EMAIL: _____

FOR OFFICE USE ONLY

COMPLAINT RECEIVED BY: _____

COMPLAINT NO: _____ APN: _____
ZONING: _____

PROPERTY OWNER: _____
PHONE NUMBER: _____
EMAIL: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

OCCUPANT: (Circle Applicable) RENTER OR LESSEE

NAME: _____
ADDRESS: _____

INSPECTOR: _____
COMPLAINT REFERRED TO: _____ DATE: _____

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