

**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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