

## Village of Bradley Building Standards Department

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## **CODE ENFORCEMENT REQUEST**

Complainant:	mplainant:Telephone:			
Complainant Address:				
Date/Time:				
Location of Violation:				
Nature of Complaint / Violation	(Describe in d	letail)		
***** BELOW	FOR DEPARTN	MENT USE ONLY *	****	
Complaint Type: Local Ordinance		ICC	Other	
Owner/Landlord Name:				
Address/Telephone:				
Owner/Landlord Contacted: YES	NO	Date/Time:		
Courtesy Door Warning Left: YES_	NO	Date/Time:		
Date to recheck: Date	te checked:	Checked by:		
Citation issued: YES NO_	Citation iss	ued to:		
Assigned to:				
Date/Time Assigned:				
Referral accepted by:		ID#		
Comments:				
Case / Incident Number Assigned:				