



DATE: _____

#: _____

City of Southfield

VIOLATION AT: _____

SIDWELL #: _____

Owner

Renter NAME: _____

PHONE #: _____

COMPLAINANT: _____

SECTION #: _____

ADDRESS: _____

HM. PHONE #: _____

TAKEN BY: _____

BUS. PHONE #: _____

Brief Description of Violation:

CODE ENFORCEMENT USE ONLY	SN	AU	OS	SM	RV	AN	SC	W	N	Z	T	M	V
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERRED TO: _____ FINAL RESULTS: _____ DATE: _____

RESPONSE TO RESIDENT: PHONE WRITTEN IN PERSON SIGNED: _____