

**BREVARD COUNTY CODE ENFORCEMENT
COMPLAINT INTAKE FORM**

Acella _____ **Comply** _____ **Date** _____ **2009**
09CE - _____ **Number** _____ **Received:** _____
Officer _____ **By:** _____
Assigned: _____

DESCRIPTION: _____

ROA _____ **SAFETY ISSUE** _____ **PREVIOUS CASES** Yes No
ANNEXED Yes No **COMPLY** _____
ACCELA Bldg. Yes No

LOCATION

STREET # _____ **N S E W** _____ **STREET NAME** _____ **Type** _____ **Apt** _____
CITY _____ **ZIP** _____ **SUBD** _____ **DISTRICT** _____

SPECIAL DIRECTIONS _____

Township _____ **Range** _____ **Section** _____ **Sub** _____ **Block/** _____
Div. _____ **Parcel** _____ **Lot** _____ **Zoning** _____

COMPLAINT

SOURCE (CIRCLE ONE) **CIT** **ANON** **OCC** **HOA** **CEO** **COM** **OGA** **OTHER**

NAME: _____ **NAME:** _____
Address: _____ **Address:** _____
City: _____ **City:** _____
Phone: _____ **Phone:** _____

PARTIES

Owner: _____ **Owner:** _____
Address: _____ **Address:** _____
City: _____ **City:** _____
Phone: _____ **Phone:** _____

CLOSED BY
OFFICER &
DATE _____

APPROVED BY
SUPERVISOR &
DATE _____