

Emergency Prevention Division



Travis County Emergency Services District 3 & 9
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Complaint Form / Request for Inspection

Date: _____

Location: _____

Building Owner / Occupant: _____ Phone: _____

Requestors Name: _____ Occupancy Type: _____

Address: _____

Phone: _____

| | |
|---|------------------------------------|
| <u>How was the Request Received?</u> | |
| <input type="checkbox"/> Phone | <input type="checkbox"/> In Person |
| <input type="checkbox"/> Mail | <input type="checkbox"/> E-Mail |
| <input type="checkbox"/> Co. Officer – Incident # _____ | |

Reason for Request or Nature of Complaint:

Department of Code Enforcement Use Only

Inspector Assigned: _____ Date Assigned: _____

Findings: _____

Action Taken: _____

Require Follow-up – Yes No

Investigation Complete – Yes No

Inspector

Date

Department of Code Enforcement Office Use Only

Date of Completion: _____ Inspected By: _____ Approved Yes No
Fee Due: _____ Amount Paid: _____ Date: _____