



# CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

## DEPARTMENT OF COMMUNITY SERVICES

(For official use only) File Number: \_\_\_\_\_ Date: \_\_\_\_\_

Municipal Code  Construction Code  Zoning  Fire  Police  Rec'd by: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

Complaint Location: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Owner(s) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner(s) Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Complainant Address: \_\_\_\_\_

Complainant City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Complainant Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Complainant Willing to Testify in Court Regarding Complaint:  YES /  NO

Signature of Complainant: \_\_\_\_\_

Describe Nature of Complaint:

**Below For Official Use only**

Complaint Resolved by:

Permit \_\_\_\_\_ Rental Reg/Lic \_\_\_\_\_ Smoke/CO \_\_\_\_\_ Photos Attached \_\_\_\_\_ Investigator \_\_\_\_\_

Completion Date: \_\_\_\_\_