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## CODE COMPLIANCE COMPLAINT FORM

**Please print out, sign, and return form to:**

Code Compliance Section  
Larimer County Planning & Building Services Division  
200 W. Oak Street  
P.O. Box 1190,  
Fort Collins, CO 80522-1190  
(970) 498-7708  
(970) 498-7667 (fax)

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

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**A SIGNED COMPLAINT FORM IS NECESSARY BEFORE CODE COMPLIANCE STAFF CAN INVESTIGATE, UNLESS A LIFE-THREATENING ISSUE EXISTS OR IT IS OTHERWISE DEEMED APPROPRIATE TO ACT.**

Address of Alleged Violation: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Tenant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### VIOLATION

**How long has the violation existed?** \_\_\_\_\_ **Description of Violation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(continue on reverse side)

Complainant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax No: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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

**Complainant certifies under penalty of perjury that the information set forth above is true and correct of Complainant's own knowledge.**

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Date**

**NOTE:** This complaint form is a public record subject to disclosure pursuant to Colorado State law.

