



Central District Two P.I.P.



Heights Storefront
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Citizen Complaint Form

Civic Association _____

NAME: _____

ADDRESS: _____

PHONE: (DAY) _____ (NIGHT) _____ (E-MAIL) _____

ADDRESS OF VIOLATION: _____

PROPERTY OWNER (If Known): _____

- | | |
|---|---|
| <input type="checkbox"/> D.R.T. | <input type="checkbox"/> Non-D.R.T. |
| <input type="checkbox"/> Weeds/Overgrown Lot | <input type="checkbox"/> Speeding Vehicles |
| <input type="checkbox"/> Garbage or Trash on Private Property | <input type="checkbox"/> Narcotics Activity (Tact Squad) |
| <input type="checkbox"/> Civic Association | <input type="checkbox"/> Graffiti / Gang Activity |
| <input type="checkbox"/> Suspicious Persons | <input type="checkbox"/> Abandoned, Illegally Parked, or Junked Vehicle |
| <input type="checkbox"/> Other | |

Assigned to: _____ Tracking #: _____

Date	Action