	For Office Use Only
	Tax PIN:
Code Compleint Form	Town Zoning:
Code Complaint Form	Received By:
TOWN of AKE FOREST	Case #:
AKE FORESI	
Date: / /	
Citizen's Name Observing Problem:	
(Please print; must be legible)	)
Complaint Received: Phone Office Visit Field Inspection	Mail/Fax/Email
Location of Problem Street name, number or identifying landmarks, and directions (be very specific; attach a drawn	n map if necessary.)
Ca	
AR STR.	
Type of Problem Has Been Observed (Check appropriate box then describe in detail.)	
Signage Vehicular Undue Growth Unsafe Structure Other	
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Equality Recreation	
Can Problem Be Seen From Public Right-of-Way?  Yes No	
Date Problem Was Observed:	
Photographs Attached (Preferably dated. Please note that any photographs submitted	vill not be returned.)
If Problem is not on your property, please fill out the box below (if kn	own)
	<i>ownj.</i>
Property Owner's Name:	
Address:	
Signature:	
Address:	
Telephone#:	
Places note that by submitting this form all information becomes	nublic record
Please note that by submitting this form, all information becomes	
Form must be complete.	
Form must be complete.	
<u>Please Return To:</u> Town of Wake Forest Planning Department	
<u>Please Return To:</u> Town of Wake Forest Planning Department 301 South Brooks Street	
<u>Please Return To:</u> Town of Wake Forest Planning Department	