CITY OF KLAMATH FALLS
COMPLAINT & INSPECTION REPORT

LOCATION: _____
ADDRESS

DATE: _____ NAME OF COMPLAINTANT: _____

ADDRESS OF COMPLAINTANT: _____ PHONE # _____

DESCRIPTION OF PROBLEM/REQUEST:

_____

_____

_____

_____

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LEGAL DESCRIPTION: See County Assessor's listing attached or in previous file material.

NAME OF OCCUPANT:

_____

DATES OF INSPECTIONS: _____ _____

_____ _____

_____ _____

DATE AND ACTION TAKEN BY BUREAU:

_____

_____

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INSPECTION FINDINGS:

_____

_____

_____

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_____

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_____

REFERRED TO:

_____