

**CITY OF GREELEY
HOUSING INSPECTION COMPLAINT**

Date Received _____ **Time Received** _____

Name _____

Address _____

Phone _____

Type of Complaint _____

Property Owner/Agent's Name _____

Property Owner/Agent's Phone _____

Have you contacted your property owner/agent? YES NO

If so when? Date _____ By telephone _____ In writing _____

Was action taken by property owner/agent? YES NO

Inspector _____

Property owner/agent contacted by inspector? YES NO

Does property owner/agent wish to be present? YES NO

Inspection Date _____ Time _____

Report issued to property owner/agent? YES NO

Follow-up inspection made? YES NO

Violations corrected? YES NO

Comments: _____
