

CITY OF ELEPHANT BUTTE

P. O. Box 1080
Elephant Butte, New Mexico 87935
(575) 744-4892 ext. 104
FAX (575) 744-4493

COMPLAINT FORM

Date: _____

No. _____

Type of Complaint(s):

- Animal Control
- Nuisance/Zoning
- Other: _____

Location/Address of Violation(s):

Description of Alleged Violation(s):

Name of Property Owner(s) if Known:

Information of Person Filing Complaint:

Name (Print): _____

Physical Address: _____

PO Box (If Applicable): _____ Phone: _____

City _____ State _____ ZIP _____

Signature: _____

OFFICE USE ONLY

Referred to: _____ Date Referred: _____

Inspection Conducted By: _____ Date Inspected _____

Method of Contact: In-Person _____ Phone _____ Letter _____

Unable to Contact: _____

Violation(s) Found: Yes _____ No _____

Abatement Time _____

If Yes, Chapter(s) Violated: _____

Action Taken: _____

Case Opened? Yes _____ No _____ Case Number: _____

Date Case Opened: _____ Date Re-inspected _____

Comments: _____

Complainant Notification Done by: _____

Date Notified: _____

Staff Signature: _____

Date Closed: _____