



CITY OF ELEPHANT BUTTE
OFFICE OF THE DEPUTY CLERK
P. O. Box 1080
Elephant Butte, New Mexico 87935
(575) 744-4892
FAX (575) 744-4493

Request for Assistance Form

Date: _____

No: _____

Type of Assistance(s):

- Animal Control
- Nuisance / Zoning
- Other: _____

Location / Address of Concern(s):

Description of Concern(s):

Name of Property Owner(s) if Known:

Information of Person requesting assistance:

Name (Print): _____

Physical Address: _____

PO Box (If Applicable): _____ Phone: _____

City _____ State _____ Zip _____

Signature: _____



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OFFICE USE ONLY

Referred to: _____ Date: _____

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: _____

Notification Done by: _____ Date Notified: _____

Staff Signature: _____ Date Closed: _____