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SIGNATURE OF COMPLAINANT:

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OFFICE USE ONLY

ACTION TAKEN:

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RELEVANT DEPARTMENT:

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|--|--|---|
| <input type="checkbox"/> BUILDING DEPARTMENT | <input type="checkbox"/> CLERK'S OFFICE    | <input type="checkbox"/> PUBLIC WORKS   |
| <input type="checkbox"/> POLICE DEPARTMENT   | <input type="checkbox"/> HEALTH DEPARTMENT | <input type="checkbox"/> MAYOR'S OFFICE |