

City of Stockport

Code Compliance Resident Complaint Form

YOUR CONTACT INFORMATION

NAME: _____

ADDRESS: _____

PHONE #: _____

OFFENDING PROPERTY

OWNER NAME: (IF KNOWN) _____

ADDRESS: _____

PHONE #: (OFFICE USE ONLY) _____

IS RESIDENT: OWNER Yes No RENTER Yes No UNKNOWN?

COMPLAINT INFORMATION

Reason(s) for complaint:

Weeds Land Use Trash/Garbage Environmental/Health

Signs Vehicles Other: _____

Details of Complaint: (Please be specific!)

All complaints will be investigated by the City Council and pursued based upon the merit of the claim.

