



CODE VIOLATION COMPLAINT FORM

www.townofgranby.com

Check box if you want to remain anonymous

Date: _____

Address or Location of Complaint: _____

Property Owner/Tenant: _____

Please Describe Nature of Complaint: _____

Complainant's Contact Information

Name _____ Phone _____

Note

Code Enforcement may need to contact you for additional information. Your contact information will not be disclosed if submitting this complaint anonymously (check box).