

City Of River Oaks Citizen Complaint Form

INSTRUCTIONS: This form is designed to process and expedite complaints or request for city services. Requests will be processed in the order received unless it is an emergency. Please fill out the following to report **COMPLAINTS**. This form will assist the Code Compliance Department in tracking violations. *Please email form to mgregory@riveroakstx.com or return it to the City's Code Compliance Dept.*

Date: _____ Requested By: _____

Address: _____ Phone/Email: _____

Location / Address of Property: _____

REPORT OF COMPLAINT INVOLVING:

- | | | |
|--|--|---|
| <input type="checkbox"/> Junk Vehicle | <input type="checkbox"/> Junk & Debris | <input type="checkbox"/> High Grass & Weeds |
| <input type="checkbox"/> Bad Fence | <input type="checkbox"/> Yard Parking | <input type="checkbox"/> Trees overhanging Street |
| <input type="checkbox"/> Substandard House | <input type="checkbox"/> Dilapidated Accessory Bldg. | <input type="checkbox"/> Drainageway |
| <input type="checkbox"/> House Numbers | <input type="checkbox"/> Garbage/Brush | <input type="checkbox"/> Stagnant Water |
| <input type="checkbox"/> Health Hazard | <input type="checkbox"/> Yard Sale Violations | <input type="checkbox"/> Work without Permit |
| <input type="checkbox"/> Zoning Violation | <input type="checkbox"/> Other Nuisance Violation | <input type="checkbox"/> Other Code Violation |

Description of Violation: _____

Action Taken: _____

Date Action Taken: _____

Approved By: _____ Completion Date: _____
(Department Head)

Charge to Department/Account _____ Amount _____

FILED IN THE OFFICE OF THE CITY SECRETARY ON THIS THE ____ DAY OF _____ 20__

CITY SECRETARY

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INSTRUCTIONS: This form is designed to process and expedite complaints. Requests will be processed in the order received unless it is an emergency. Please fill out the following to report **COMPLAINTS**. Please email form to mgregory@riveroakstx.com or return it to the City Secretary's Office.

Date: _____ **Requested By:** _____

Address: _____ **Phone/Email:** _____

Location / Address of Property: _____

DEPARTMENT:

- | | | |
|--|--|--|
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Police Department | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Library | | <input type="checkbox"/> City Hall |
| <input type="checkbox"/> Code Enforcement | | <input type="checkbox"/> Building Inspections |
| <input type="checkbox"/> Park and Recreation | | <input type="checkbox"/> Community Center |
| <input type="checkbox"/> Street Department | | <input type="checkbox"/> Sanitation Department |
| <input type="checkbox"/> Water Distribution | <input type="checkbox"/> Water Plant | <input type="checkbox"/> Water Administration |
| <input type="checkbox"/> Zoning | | <input type="checkbox"/> Other |

Description of Complaint: _____

(For Office Use Only)

Action Taken: _____

Approved By: _____ **Completion Date:** _____
(Department Head)

FILED IN THE OFFICE OF THE CITY SECRETARY ON THIS THE _____ DAY OF _____ 20__

CITY SECRETARY