



West Point City  
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### ORDINANCE COMPLAINT FORM

DATE COMPLAINT RECEIVED: \_\_\_\_\_

PERSON WITH COMPLAINT \_\_\_\_\_

ADDRESS OF COMPLAINANT: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

LOCATION/ADDRESS OF COMPLAINT: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE

DATE OF INSPECTION: \_\_\_\_\_

FINDINGS/ACTION OF INSPECTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE FOR FOLLOW UP INSPECTION: \_\_\_\_\_

FOLLOW UP ACTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF COMPLETION: \_\_\_\_\_