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Citizen Complaint Registration

Ginny Maziarka

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**CITIZEN
COMPLAINT
REGISTRATION**

Office of Building Inspection
 1115 S Main St.
 West Bend, WI 53095
 (262) 335-5140
bldginsp@ci.west-bend.wi.us

THIS FORM MUST BE COMPLETELY FILLED OUT OR NO ACTION MAY BE TAKEN

Date Complaint Filed: 2/16/1009	Staff Person's Name Who Received Complaint:	
Person making the complaint info: Name (please print): Virginia Maziarka	Is confidentiality requested? (within the limits of the state Open Records Laws) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address: 3583 Starlite Drive		
City, State, Zip: West Bend, WI		
Telephone Numbers (include area code): Home: (262)677-9032 Work: ()		
Person making complaint is: Employee <input type="checkbox"/> Employee Representative <input type="checkbox"/> Other: <u>Citizen</u>		
RESPONDENT INFO Name (who complaint is registered against): Unknown	Site/Project Info Complaint Location (site/project name): Residence	
Street Address: 1319 S. Indiana Avenue	Street Address: 1319 S. Indiana Avenue	
City, State, Zip: West Bend, WI 53095	City, State, Zip: West Bend, WI 53095	
Telephone Number (include area code): ()	County of: Washington	City of West Bend
How was complaint filed? In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By E-Mail <input checked="" type="checkbox"/>		

TYPE OF COMPLAINT:

Commercial Building One-and Two-Family Homes Erosion Control Electrical Plumbing Pools
 Public Safety Storm Water Junk/Garbage Fence/Driveway Other
 Other: _____

The City of West Bend has no jurisdiction over contractual or leasing issues. Please contact the Wisconsin Department of Agriculture, Trade and Consumer Protection at 1-800-422-7128 (In WI Only) or www.datcp.state.wi.us

Nature of Complaint: (Attach letter or additional page if necessary).
 Finished basement - Is there a Work Permit???

For Office Use Only

Investigation Transaction Number: _____ Assigned/Referred to and Date Sent: _____

Code Section/Action Taken: _____

Staff Signature: _____ Date Signed: _____