City of Plymouth

Code Enforcement Complaint Form

Complaining Party's C	ontact Information		
Name:			
Address:			
Phone Number:			
E-Mail:			
Subject of Complaint In	<u>nformation</u>		
Specific Address of Co Address:	mplaint (required)		
	please be as specific as poss	ible)	
Details:			
Signature of Complaini	ing Party	Date	