



**CITY OF SPRINGFIELD  
CODE ENFORCEMENT COMPLAINT SUBMITTAL FORM**

**ADDRESS OF COMPLAINT:**

\_\_\_\_\_

**COMPLAINT (please be specific: i.e., garbage piled in back yard; stored car in driveway, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL:**

**Complainants Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**If you choose to give your name and address and/or phone number/e-mail address, please be aware that this information will become part of the file and will be available to anyone who reviews the file, including the person who may be the subject of your complaint.**

**Additional Information you would like to share:** \_\_\_\_\_

\_\_\_\_\_

