

**CITY OF CANTON
CODE ENFORCEMENT COMPLAINT FORM**

201 N. Buffalo
Canton, TX 75103

Please complete this form and return it in person or by mail.

COMPLAINT OR CODE VIOLATION INFORMATION
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Street Address or Location of Complaint/Violation:
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Additional Location Information:

Name of Property Owner, if known:

Description of Complaint/Violation (Provide as much detail as possible):
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REPORTING PARTY INFORMATION This section is optional. You may remain anonymous.
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Name:	Phone:
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Name:	Phone:
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Mailing Address:	Email:
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Mailing Address:	Email:
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Signature of Reporting Party:	Date:
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Signature of Reporting Party:	Date:
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