

**CITY OF CANTON
CODE ENFORCEMENT COMPLAINT FORM**

PO Box 245
24980 Hwy 64 E Suite 1
Canton, TX 75103
canton@cantontex.com

Please complete this form and return it by to the above address or email.

COMPLAINT OR CODE VIOLATION INFORMATION	
Street Address or Location of Complaint/Violation:	
Additional Location Information:	
Name of Property Owner, if known:	
Description of Complaint/Violation (Provide as much detail as possible):	

REPORTING PARTY INFORMATION This section is optional. You may remain anonymous.	
Name:	Phone:
Mailing Address:	Email:
Would you like the City to follow up with you regarding investigation and resolution of this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate how you would like to be notified: <input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> mail	

Signature of Reporting Party:	Date:
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