

# City of Springfield - Code Violation Complaint

Date \_\_\_\_\_

Address of property \_\_\_\_\_

Complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Person making complaint (optional):*

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

*By listing your name here, you are acknowledging that this document is a matter of public record and will be maintained in the files of the City of Springfield.*

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