



**City of Indian Rocks Beach**  
 Building Department \ Code Enforcement  
 1507 Bay Palm Blvd., Indian Rocks Beach, FL 33785  
 Phone: 727-517-0404 Fax: 727-596-4759

**COMPLAINT \ ALLEDGED VIOLATION**

**Please Print**

**Your Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **May we contact you for further details?** \_\_\_\_\_

**Street Address of Alleged Violation (Indian Rocks Beach):** \_\_\_\_\_

**THE SPECIFIC COMPLAINT IS: (Please Print)**

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**For Internal Use Only**

Forwarded To \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Action Taken \_\_\_\_\_  
 Description of Conditions Found \_\_\_\_\_  
 \_\_\_\_\_  
 Names of Person(s) Contacted \_\_\_\_\_  
 Summary of Conditions \ Discussions \_\_\_\_\_  
 \_\_\_\_\_  
 Code Chapter & Number, If a Violation \_\_\_\_\_  
 Summary of Action Taken  LOV  DH  NTA \_\_\_\_\_  
 Follow-Up \ Contact Person, Date, Time \_\_\_\_\_  
 Compliance Letter Sent Date \_\_\_\_\_  
 Date Closed \_\_\_\_\_