Code Complaint Report Form

City of Hardy, Arkansas
P.O. Box 5 Hardy, Arkansas 72542
Phone: 870-856-3811

Details of the Person Submitting Complaint

Your Name: _____
Your Phone Number: _____
Your Address: _____

Complaint Information – Details of the Complaint

Address/Location of Complaint: _____
_____
Parcel #: _____
Name of Owner/Tenant in Potential Violation: _____
Additional Location Information: _____
_____
Nature of Complaint: _____
_____
_____
_____
_____
_____
_____
_____

Signature: _____ Date: _____

*** I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED ON OR WITH THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Return Completed Form to: P.O. Box 5 Hardy, AR 72542 or 304 Johnson Lane Mon. - Fri. 8:30 - 4:00

** No incomplete or anonymous forms will be accepted/processed.*

Internal Office Use Only Below This Line: _____

Date Received in Office: _____ Complete/Valid Form?: _____
Notes: _____
_____
_____
_____
City Code Violation Classification: _____