Form must be complete and legible

City of Hawthorne

Building and Safety Department 4455 West 126th St (310) 349-2990

COMPLAINT FORM

Address of complaint								
Location on Prop	erty of comp	olaint						
		-						•
Your Name								
Your Address								
Home Telephone								ā.
Work Telephone								
Nature of Complaint:								
•								1
					*			

Date

Signature

Continuation of Complaint	
	**