



NEIGHBORHOOD ENHANCEMENT

Comments and Complaints Form

(Only one address per form; you must provide exact address of violation, no ranges or approximates)

Address of Complaint Property: _____

Owner's Name: _____

Parcel Number: _____ - _____ - _____

Check type of violation(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Inoperable vehicles | <input type="checkbox"/> Vehicle parts | <input type="checkbox"/> Refrigerators |
| <input type="checkbox"/> Appliances/fixtures | <input type="checkbox"/> Holes/Open trenches | <input type="checkbox"/> Batteries |
| <input type="checkbox"/> Discarded furniture | <input type="checkbox"/> Household garbage | <input type="checkbox"/> Unusable firewood |
| <input type="checkbox"/> Construction Debris | <input type="checkbox"/> Weeds/combustibles | <input type="checkbox"/> Solid/hazardous waste |
| <input type="checkbox"/> Junk (list below) | <input type="checkbox"/> Visibility of any of the items | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Camper, travel trailers, motor homes (occupied) | | |
| <input type="checkbox"/> Other, please explain _____ | | |

The information you provide will be treated in strict confidence.

Your Name: _____

Your Address (*optional*): _____

Contact phone (*optional*): _____

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