



TOWN OF MOREHEAD CITY
BUILDING INSPECTIONS DEPARTMENT
COMPLAINT RECORD

Location: _____

Complainant

Tenant

Owner

Name: _____

Address: _____

Phone: _____

The Complaint:

Submitted by: _____ Date: _____

Referred to: _____ *Date:* _____

Report of Investigation: _____

_____ Staff Signature _____ Date _____

_____ Staff Signature _____ Date _____