

# CITY OF GLOBE CODE ENFORCEMENT

## COMPLAINT FORM



150 N. Pine Street Globe, AZ 85501

Main Line: (928) 425-7146 (Option 3)

Web: [www.globeaz.gov](http://www.globeaz.gov)

Email: [Communitycodecompliance@globeaz.gov](mailto:Communitycodecompliance@globeaz.gov)

**Important Note:** Please provide complete, accurate and truthful information in all fields. Incomplete or insufficient information submitted on this complaint form may delay or stop the complaint investigation.

Anonymous complaints are accepted, however if you wish to remain anonymous you **MUST** indicate such by checking the Yes box by “**I wish to remain anonymous**” below and write “**anonymous**” in the name field under Section 1. In doing so, you will **NOT** need to fill out the remaining Reporting Party Information Section and **you will not** receive further correspondence as to the complaint status. Please be advised a complaint is public record and the City of Globe will follow all public record request laws.

I WISH TO REMAIN ANONYMOUS: ☐ YES, ☐ NO Today's Date: \_\_\_\_\_

### SECTION 1 - REPORTING PARTY INFORMATION

Your Name: \_\_\_\_\_ Telephone (Include Area Code): \_\_\_\_\_

Your Address: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please circle one; I am willing to complete a sworn statement and testify in a court of law if this investigation goes to trial\* YES or NO

### SECTION 2 - VIOLATION INFORMATION

Address: \_\_\_\_\_ Or Cross Streets: \_\_\_\_\_

*Complaint Types. Check categories that apply **AND** include written details of your complaint.*

- |   |  |
|---|--|
| <input type="checkbox"/> Building/Remodeling without Permit         | <input type="checkbox"/> Living in Recreational Vehicle    |
| <input type="checkbox"/> Unpermitted Shipping Container/Conex Box   | <input type="checkbox"/> Prohibited Sign(s)                |
| <input type="checkbox"/> Zoning Violations (Residential/Commercial) | <input type="checkbox"/> Abandoned/Inoperable Vehicle(s)   |
| <input type="checkbox"/> Operating Business w/out business license  | <input type="checkbox"/> Outside Storage of Material, etc. |
| <input type="checkbox"/> Home Occupation w/out license              | <input type="checkbox"/> Lighting Violation                |
| <input type="checkbox"/> Unsafe Structure/Dangerous Building        | <input type="checkbox"/> Too Many Animals (Livestock)      |
| <input type="checkbox"/> Trash/Rubbish/Junk/Vehicles                | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Fire Hazard and Weeds >12"                 |  |

Please provide details of your complaint below (Please use a supplemental piece of paper if needed).

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### SECTION 3 – \*\*\*City of Globe Office Use Only\*\*\*

Property Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of Violation: \_\_\_\_\_

Zoning District: \_\_\_\_\_ APN #: \_\_\_\_\_

Complaint: ☐ Un-Founded ☐ Founded (If Founded, Provide Violation Type): \_\_\_\_\_

Code Officer Name: \_\_\_\_\_ Case #: \_\_\_\_\_