



# CITY OF WASHINGTON CODE ENFORCEMENT COMPLAINT FORM



55 WEST MAIDEN STREET  
WASHINGTON, PA 15301  
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**Address of problem property:** \_\_\_\_\_

**Issues with the property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reporting Party:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Complaint:** \_\_\_\_\_