



City of Archer  
P.O. Box 39 Archer, FL 32618

# Code Enforcement Complaint Form

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

Name of Complainant: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_ Fax: \_\_\_\_\_

Location of the complaint: \_\_\_\_\_

Is it Residential?

Commercial?

Name of person/business that is subject of complaint: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Nature of complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Internal use only)

Date of response from City: \_\_\_\_\_

City Response to Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_