



## Administrative Services

CODE COMPLIANCE/PUBLIC RESPONSE OFFICE

CLARK COUNTY GOVERNMENT CENTER  
500 S GRAND CENTRAL PKY 1ST FL

PO BOX 551716

LAS VEGAS NV 89155-1716

(702) 455-4191

FAX: (702) 455-2080

[www.co.clark.nv.us](http://www.co.clark.nv.us)

### REQUEST FOR CODE ENFORCEMENT SERVICES

— — Please Provide As Much Of The Requested Information As Possible — —

PRINT LEGIBLY

TODAY'S DATE: \_\_\_\_\_

NAME OF PERSON MAKING COMPLAINT: \_\_\_\_\_

Your COMPLETE Address: \_\_\_\_\_

Your Zip Code: \_\_\_\_\_ Your PHONE NUMBER: \_\_\_\_\_

.....  
ADDRESS/LOCATION OF VIOLATION: \_\_\_\_\_

(If address unknown, please INCLUDE a map/plan where violation exists, and how/where a representative of our office would likely find it).

YOUR DESCRIPTION OF POSSIBLE VIOLATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
FILL IN THE BLANKS IF YOU KNOW OTHER PERTINENT INFORMATION AS REQUESTED BELOW:

CURRENT Occupant (Renter/Owner/Etc.): \_\_\_\_\_

NAME OF VIOLATOR: \_\_\_\_\_

Address/Zip Code/Phone Number of Responsible Party: \_\_\_\_\_  
\_\_\_\_\_

Date Violation Occurred: \_\_\_\_\_ Witnesses: \_\_\_\_\_

Use back of this form for any additional comments. Thank You.