REQUEST/COMPLAINT

Boone County Building Department

| Date Received: |
|------------------------|
| Complaint: |
| Address: |
| Phone: |
| |
| Owner/Contractor Name: |
| Owner Address: |
| Owner Phone: |
| |
| Type of Complaint: |
| Complaint Description: |
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| Assigned Inspector: |
| Action Taken: |
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| |
| Date Closed: |
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