



Village of Sleepy Hollow
Code Enforcement Unit
One Thorobred Ln.
Sleepy Hollow, Illinois 60118



CODE ENFORCEMENT COMPLAINT FORM

(A separate form for each location)

Date: _____

Incident Number: _____

(Office Use Only)

* Complainant's Name: _____
(Will be kept confidential)

* Complainant's Address: _____

* Complainant's Phone Number: _____

Complete Address for the Location of Complaint: _____
(Only **one** location per form)

Detailed Description of Complaint: _____

(Complainant's Signature)

(OFFICE USE)

Date Received by Code Enforcement Unit: _____

Code Enforcement Officer Assigned: _____

Date of Initial Inspection or Action: _____

*** NOT REQUIRED FOR PROCESSING**