



CITY OF GLEN COVE CODE ENFORCEMENT DEPARTMENT
City Hall - 9 Glen Street, Glen Cove NY 11542

REQUEST FOR INVESTIGATION

COMPLAINT / Property Information:

Owners Name: _____

Property Address: _____

(If Known) **SECTION** _____ **BLOCK** _____ **LOT** _____

Nature of Complaint: _____

Request for Investigation for the following reasons:

COMPLAINANT CONFIDENTIAL INFORMATION:

Must be filed out. No Anonymous Complaints will be filed

Your Name: _____ Telephone: _____

Address: _____

FOR OFFICE USE ONLY:

Additional Information: _____

INFORMATION TAKEN BY: _____

ASSIGNED TO: _____ **DATE:** _____