



MIKE COOPER
Mayor

CITY OF COVINGTON

CODE ENFORCEMENT OFFICE

317 North Jefferson Avenue

Post Office Box 778

Covington, Louisiana 70434

phone 985.892.1811 ext. 739

fax 985.635.0076

website www.covla.com

CITIZEN ACTION REQUEST (CAR)

DATE: _____ RECEIVED BY: _____
Staff Name

PLEASE PRINT

COMPLAINANT/STAFF: *(person making request)*

Name

Address

City State Zip

Phone

Phone #2

Email

PROPERTY LOCATION:

Address/Location of Incident

Property Owner's Name *(if known)*

Phone *(if known)*

Anonymous Yes No

Description of Issue or Comment / Request: _____

Signature of Requester _____

FOR OFFICE USE ONLY BELOW THIS POINT

Community Development PW/Maintenance Parks
 Code Enforcement Police

Date Department Received: _____ Code Enforcement Officer Name: _____

Due Date: _____

Date Dept. Contacted Citizen: _____ Police Case No.: _____

Neighborhood Boundary: _____ Parcel No.: _____

Pertinent Ordinance Sections: _____ Department Case No: _____

INITIAL INSPECTION REPORT: _____

ACTION TAKEN: _____

RESPONSE/COMPLETION: _____

Inspector Initials: _____ Date of Inspection: _____ Completion Date: _____

Logged by: _____ Date Copy Sent: _____ Completion Logged by: _____ Case Number: _____

1. Clerk logs, numbers and retains copy. 2. Clerk sends original to department.
3. Department responds, completes, records notes on CAR spreadsheet and routes form back to Clerk.
4. Clerk logs completion and files original form.