



MARK R. JOHNSON  
Mayor

# CITY OF COVINGTON

## CODE ENFORCEMENT OFFICE

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### 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 \_\_\_\_\_