City of El Centro
Department of Building and Safety
Service Request

Address of Complaint:	**Date Received:**
Name of Complainant:	**Telephone Number: (760)**
Complainant Address:	**Time of Day:**

Complaint or Violation Information

Explanation of Complaint or Violation	**Date of Complaint**
Referred to:	**By:**
Action Taken:	
By:	
Final Disposition:	
Building Official:	**Date:**