



**City of Trenton**  
**Department of Public Safety**  
**CODE ENFORCEMENT**

500 North Main St.  
Trenton, FL. 32693  
Office (352) 463-4010

**Date:** \_\_\_\_\_

**Complaint Made By:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Complaint Against:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Nature Of Complaint:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature Of Person Making Complaint**