Form must be complete and legible

City of Hawthorne
Building and Safety Department
4455 West 126th St
(310) 349-2990

COMPLAINT FORM

Address of complaint
__________________________________________________________

Location on Property of complaint
__________________________________________________________

Your Name
__________________________________________________________
Your Address
__________________________________________________________
Home Telephone
__________________________________________________________
Work Telephone
__________________________________________________________

Nature of Complaint:
__________________________________________________________
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Signature
 ____________________________  Date
 ____________________________