

Property Concern Form

Town of Lima

Please indicate the nature of your problem by checking the appropriate box (es) below:

Property Maintenance Building Safety and Fire Code Issue

Date you are submitting this form: _____

Component Submitted by:

Name: _____ Signature: _____

Address: _____

Phone: _____ Email Address: _____

Date & Time of Occurrence: _____

Location of Problem or Street Address of Problem: _____

Brief Description of Complaint/ Concern : _____

Occupant and Contact information if known

First name: _____ Last Name : _____

Street Address: _____

Phone Number: _____

Email Address: _____