

INVESTIGATION REQUEST FORM

If you have a concern about a condition that you feel is in violation of the Building Maintenance Code, condition of Private Property Ordinance, and/or the Noise Control Ordinance, provide the required information below and fax or e-mail it to our office. A Code Enforcement Inspector will be assigned for the purposes of investigation and resolution of any violations found.

Address/location of condition to be investigated: _____

Explain the condition: (if applicable, provide times, dates, and/or details when violation(s) might be observed or when condition(s) exists) _____

**IF YOU WISH TO HAVE A FOLLOW-UP CALL, PLEASE PROVIDE YOUR NAME, ADDRESS,
E-MAIL AND DAYTIME TELEPHONE NUMBER**

Name: _____ Phone: _____

E-Mail: _____

Address: _____

THANK YOU FOR YOUR ASSISTANCE

Office: 703-228-3232

Fax: 703 –228-3241

E-Mail: codeenforcement@arlingtonva.us