



Community Planning & Development

Code Administration

445 West Michigan Avenue, Suite 101

Kalamazoo, MI 49007

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SERVICE REQUEST

Date: _____ Assigned Case #: _____

Property Address: _____ CCN: 06-_____

Owner Name & Address (if known): _____

Agent Name (if known): _____

If rental, rent being paid to: _____

Describe the conditions affecting the property:

Print Name: _____ Signature: _____

Address: _____ Phone Number: _____

Organization (if applicable): _____

Referred to (OFFICE USE ONLY):

- Housing Environmental Buildings/Trades Programs Zoning Other

This matter assigned to: _____

Report:

Outcome:

Inspector Signature: _____ Closed Date: _____