



City of Archer
P.O. Box 39 Archer, FL 32618

Code Enforcement Complaint Form

Date of Complaint: _____

Name of Complainant: _____

Address of Complainant: _____

City, State and Zip: _____

Phone (Daytime): _____ Fax: _____

Location of Violation: _____

Is it Residential? _____

Commercial? _____

Name of person/business that is subject of complaint: _____

Address: _____

Phone: _____

Nature of Violation: _____

(Internal use only)

Date of response from City: _____

City Response to Complaint: _____
