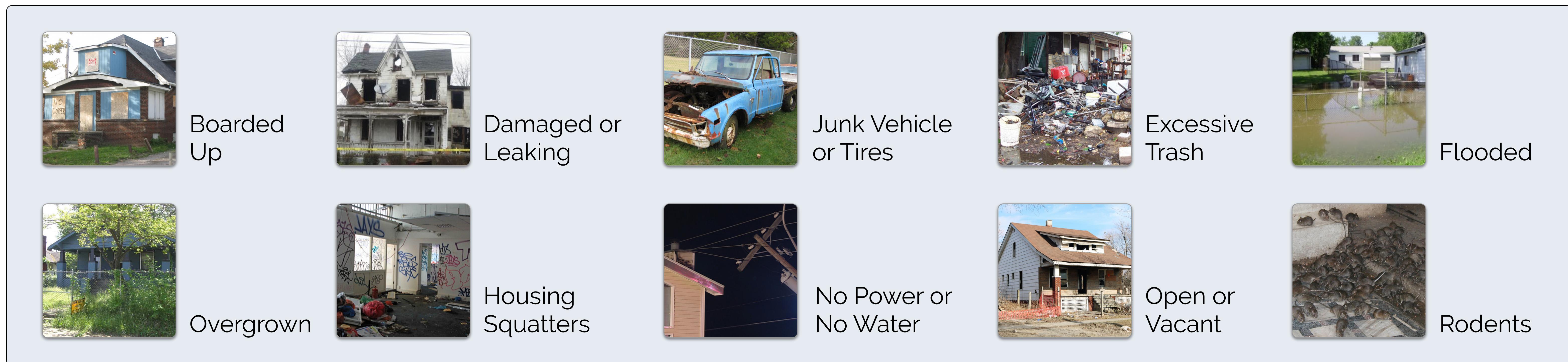


# Block By Block | Improve Your Neighborhood

## Code Violation Reporting Form | Check All Appropriate Boxes



### Examples of Violations



### Property Information

This Property's Address	Building Details	Property Owner (If Known)
3005 Neal St	<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multifamily Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Commercial	<input type="checkbox"/> Owner Lives There <input type="checkbox"/> Owner Does Not Live There

Violation Information | Date: \_\_\_\_\_ | Please Submit a Photo Online @ [blockbyblock.org](http://blockbyblock.org)

Violation Details	# Months	Location on Property			Comments
		Front	Back	Side	
<input type="checkbox"/> Open/Vacant	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>
<input type="checkbox"/> Overgrown	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>
<input type="checkbox"/> Housing Squatters	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>
<input type="checkbox"/> Damaged/Leaking	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>
<input type="checkbox"/> No Power/Water	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>
<input type="checkbox"/> Boarded Up	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>
<input type="checkbox"/> Rodent-Infested	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>
<input type="checkbox"/> Flooded	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>
<input type="checkbox"/> Excessive Trash	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>
<input type="checkbox"/> Junk Vehicle/Tires	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>
<input type="checkbox"/> Other	1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6+ <input type="checkbox"/>	<input type="checkbox"/> F	<input type="checkbox"/> B	<input type="checkbox"/> S	<input type="checkbox"/>

### Your Information (Optional)

Name <input type="text"/>	Other Comments & Concerns <input type="text"/>
Email or Phone # <input type="text"/>	