



**West Jordan Police
Code Enforcement
Action Request Form**



Please Print all Information

Date: _____ Time: _____

Correct Address of the Complaint: _____
(Include South, West, and Street Name)

Describe in detail the complaint: _____

Submitted by: _____ *(Your Name)*

Department you work for: _____ Work Phone Number: _____

When completed, please forward this notice to the Police Department Records Division, Code Enforcement Drop Box