

WESTERNIZATION DESIGN REVIEW BOARD
COMPLAINT / REQUEST

DATE: _____

RECEIVED PER (mark all that apply)

LETTER____ IN PERSON____

NAME OF COMPLAINANT _____

ADDRSS/PHONE/EMAIL _____

LOCATION OF BUSINESS _____

SUMMARY DESCRIPTION OF COMPLAINT/REQUEST AND APPLICABLE SECTION OF THE WESTERNIZATION CODE:

SIGNATURE

.....
(OFFICIAL USE ONLY)

DESCRIPTION OF ACTION TAKEN BY WDRB ADMINISTRATOR:

DATE OF VERIFACATION AND/OR CORRECTIVE ACTION COMPLIANCE :

FORWARD TO MAYOR: YES _____ NO _____