



CITY OF PORT ARANSAS
710 W. AVENUE A
PORT ARANSAS, TEXAS 78373-4128
361-749-4111
FAX 361-749-4723
www.cityofportaransas.org

CODE VIOLATION COMPLAINT FORM

Complaint Date: _____

COMPLAINANT INFORMATION

Name of Complainant: _____

Physical Address: _____ Port Aransas, TX

Mailing Address: _____

Home #: _____ Cell #: _____

E-mail: _____ Fax: _____

VIOLATION INFORMATION

Address of Complaint/Violation: _____

Description of Code Violation: _____

Chapter: _____ Section: _____

OFFICIAL USE ONLY

Date Received: _____

Received By: _____

Initial Inspection Date: _____

Violation

No Violation
