



Complaint Form

City of South Padre Island
106 W. Retama
South Padre Island, TX 78597
Phone: (956) 761-3040
Fax: (956) 761-2792
www.MySPI.org

Fire Code Complaint	
Name:	_____
Address:	_____
Phone:	_____
E-mail:	_____
Involvement:	<input type="checkbox"/> Employee <input type="checkbox"/> Occupant <input type="checkbox"/> Other _____
Received:	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other _____

Building Information	
Building Name:	_____
Building's Address:	_____
Owner:	_____
Owner's Address:	_____
Phone:	_____
Use of Building:	<input type="checkbox"/> Health Care <input type="checkbox"/> Assembly <input type="checkbox"/> Apartment <input type="checkbox"/> Mercantile <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Storage <input type="checkbox"/> Residential <input type="checkbox"/> 1 & 2 Family <input type="checkbox"/> Number of Units _____ <input type="checkbox"/> Other _____

Nature of Complaint:

Complaint Received By: _____ Date: _____ Time: _____