

Date Recd: Recd by:	
Referred to:	

## **Code Violation Complaint Form**

This is a public document and subject to disclosure under the South Carolina Freedom of Information Act. If you wish your identity to remain confidential, this form may be filed anonymously.

Type or clearly print		·		
Description of Complaint:				
	The state of the s			
Location/ Address:		79		
Nearest cross streets:				
Property owner:				
Mailing Address:	City:	Zip:		
(if known)				
Date of Purchase:	Previous Owner:			
Email Address:	Phone Number: ( )			
Vacant Property: Yes No				
Rental Property: Yes No				
Tenants Name:		700-00 Albert 100 Albe		
	Deies Communicates 4 2 2 2 4			
Date Issue Began:	Prior Complaints: 1 2 3 4	¬ =		
Your Name:	Provided via: E-mail Phone Mail	FAX		
Phone Number: ( )	Email Address:			
Mailing Address:	City:	Zip:		
Anonymous: Yes No				
Response to complainant and date:				
Code Officer Action/ Response:	Date:			
Code Officer Action/ Nesponse.	Date.			
Valid Complaint: Yes No				
Forward case to:	3000			