

TOWN OF BISCOE COMPLAINT FORM

PLEASE PRINT NEATLY Fill out all required fields and provide as much detail as possible

SECTION 1 Premises to be Investigated *(Required)*

PLEASE INCLUDE CORRECT HOUSE NUMBER TO EXPEDITE INVESTIGATION. SECTION, BLOCK AND LOT IS OPTIONAL

Property Address: _____

Premises type *(Please check the appropriate box)* Residential Commercial Industrial Other: _____

SECTION 2 Complainant Information *(Required)*

Last Name First Name Phone number(s)

Email Address Date Complaint Received

Street Address *(Please include your house number)* Town, State, Zip

SECTION 3 VIOLATIONS *(Check as many as known)*

PLEASE CHECK OFF ANY OF THE FOLLOWING WHICH APPLY, AND DESCRIBE IN FULL IN SECTION 4.

- | | |
|---|---|
| <input type="checkbox"/> Overgrown Lots (grass in excess of 12 inches high) | <input type="checkbox"/> Minimum Housing Issues |
| <input type="checkbox"/> Rubbish, Trash or Junk Pile | <input type="checkbox"/> Dangerous or Vacant Building |
| <input type="checkbox"/> Animal or Vegetable matter (odor) | <input type="checkbox"/> Structure – No Permits |
| <input type="checkbox"/> Abandoned White Good(s) | <input type="checkbox"/> Excessive amount of brush |
| <input type="checkbox"/> Abandoned Vehicle(s) | <input type="checkbox"/> Junked Vehicle(s) |

Other: _____

SECTION 4 INVESTIGATION DETAILS

FOR OFFICE USE ONLY

Date received: _____

Received by: _____

COMPLETED COMPLAINT FORMS MUST BE SUBMITTED TO TOWN OF BISCOE CODE ENFORCEMENT

*Municipal Building
110 West Main Street
Biscoe, NC 27209
Phone: 910-428-4112*