CITY OF SIMPSONVILLE
CODE COMPLAINT FORM

Date Received _____
Warning Issued _____
Citation Issued _____
Case Closed _____

COMPLAINANT INFORMATION

Date: _____ Phone Number: _____

Name: _____

E-mail Address: _____

Mailing Address: _____

LOCATION OF COMPLAINT

Name: _____ Company/Agency: _____

Address: _____

Cross Street (if address unknown): _____

Phone Number: _____ Fax Number: _____

E-mail Address/Website Address: _____

DETAILS OF COMPLAINT (be as specific as possible)

_____

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NOTICE: This complaint is a matter of public record. Pursuant to the Freedom of Information Act, this complaint and any information obtained during its investigation may, upon written request, be released.

I agree, if requested, to testify in City Court regarding the statements made herein.

_____ _____

Signature Date