

City of Florence

P.O. Box 187

Property Maintenance Complaint Form

Date _____

PLEASE FILL OUT A SEPARATE FORM FOR EACH PROPERTY

Property Address of Complaint: _____

Description of Complaint:

Your name, address and telephone number are optional and will be used only in the event more information is needed in regard to the complaint. This information is subject to availability by law under The Mississippi Public Records Act.

Complainant's Name: _____

Please Print

Complainant's Address: _____

Please Print

Complainant's Telephone Number: _____

Complainant's Signature: _____

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Information below is for administrative use only

Inspector Notes:

Inspection Date: _____ Follow-Up Date: _____ Letter Date: _____

Violation Notice Date: _____ Citation Date: _____

File Close Date: _____ Letter to Complainant Date _____
