

# City of Florence

P.O. Box 187

## Property Maintenance Complaint Form

Date \_\_\_\_\_

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**PLEASE FILL OUT A SEPARATE FORM FOR EACH PROPERTY**

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Property Address of Complaint: \_\_\_\_\_

Description of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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:

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Inspection Date: \_\_\_\_\_ Follow-Up Date: \_\_\_\_\_ Letter Date: \_\_\_\_\_

Violation Notice Date: \_\_\_\_\_ Citation Date: \_\_\_\_\_

File Close Date: \_\_\_\_\_ Letter to Complainant Date \_\_\_\_\_

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