

CITY OF LEXINGTON

Citizen Complaint Form

Complaint # _____

Date:							
Complainant Name:							
Address:							
Telephone: Work _			Н	Home			
Location of Complain	int:						
Responsible Party: _							
Type of Complaint:	Sidewall	k Street Sign	s Vehicle	Potholes	Street Light	Animal	
Unkempt Yard	Trash/Debr	is Accumulation	Blocked Dra	ins Trees	Dangerous S	tructure	Other
Nature of Complaint	::						
Confidentiality – D information is avail			•		reated confide	ntially. Th	nis
Street Dept.	Code Compliance Officer			Water/Sewer Dept			
Animal Control	I	Police Dept		Other			
Action Taken:							
Initial Warning	NO	Yes Date	::S	igned:			
Violation Issued	NO	Yes Date	:: S	igned:			
Compliance	NO	Yes Date	:: S	igned:			
Non Comp/Lien	NO	Yes Date	:: S	igned:			