PLEASE RETURN TO

Town of Lillington
102 E. Front Street
P.O. Box 296
Lillington, NC 27546

910-893-2654
910-893-3693 (fax)

Town of Lillington

CODE COMPLAINT FORM

DATE _____

CITIZEN'S NAME OBSERVING PROBLEM _____
(Please print, must be legible)

COMPLAINT RECEIVED **Phone** **Office Visit** **Field Inspection** **Mail / Fax / Email**

LOCATION OF PROBLEM
Street name, number or identifying landmarks and directions (be very specific; attach a drawn map if necessary).

_____

_____

TYPE OF PROBLEM THAT HAS BEEN OBSERVED (Check appropriate box then describe in detail)
Vehicular **Overgrown Grass / Vegetation** **Unsafe Structure** **Other**

_____

_____

_____

_____

CAN PROBLEM BE SEEN FROM PUBLIC-RIGHT-OF-WAY? **Yes** **No**

DATE PROBLEM WAS OBSERVED _____

☐ **PHOTOGRAPH(S) ATTACHED** (Preferably dated. Please note that any photographs submitted will not be returned.)

Property Owner's Information (if known)

PROPERTY OWNER'S NAME _____

ADDRESS _____

SIGNATURE _____

ADDRESS _____

EMAIL / PHONE # _____

PLEASE NOTE THAT BY SUBMITTING THIS FORM, ALL INFORMATION BECOMES PUBLIC RECORD.
FORM MUST BE COMPLETE.