



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 _____
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SIGNATURE _____

ADDRESS _____

EMAIL / PHONE # _____

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