

TIFTON/TIFT COUNTY CODE ENFORCEMENT OFFICE
COMPLAINT FORM

DATE: _____ TIFTON _____ TIFT COUNTY _____
OMEGA _____ TY TY _____

COMPLAINANT NAME: _____

ADDRESS: _____ PHONE _____

ADDRESS OF VIOLATION: _____

OWNER'S NAME (if known): _____

ADDRESS (if known): _____

TENANT'S NAME (if known): _____

NATURE OF VIOLATION:

<input type="checkbox"/> Junk cars	<input type="checkbox"/> Accumulations	<input type="checkbox"/> Burning
<input type="checkbox"/> Dumping	<input type="checkbox"/> Litter	<input type="checkbox"/> Overgrown
<input type="checkbox"/> Obst of ROW	<input type="checkbox"/> Tenant Compl	<input type="checkbox"/> Dil structure
_____ Other		

Signature: _____

NOTE: Your privacy cannot be protected because of the requirements of the Freedom of Information Act.

(To be completed by Code Enforcement Office)

MAP/PARCEL: _____