



LINCOLN COUNTY DEPARTMENT OF PLANNING AND ZONING

Building Safety • Code Enforcement • Planning • Solid Waste

PO Box 340 • 182 Humphrey Street • Lincolnton, Georgia 30817
Phone 706-359-5522 • Fax 706-359-5831
<http://www.lincolncounty.com>

CODE ENFORCEMENT COMPLAINT FORM

Instructions: In order for your complaint to be accepted, you must fill in all questions indicated by ** completely and sign at the bottom of this form. It is important that you supply as much detail as possible. If you have any questions, call Code Enforcement at 706-359-5525.

****Date:** _____

****Address of Violation (s):** _____

****City:** _____ **State:** _____ **Zip:** _____

****Nearest Cross Street :** _____

****Subdivision:** _____

Residents Name: _____ Phone # : _____

Owner of Record: _____

Address: _____

City: _____ State: _____ Zip: _____

****Details of Complaint: (be specific) :**

****ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION?**

IE: Dangerous or unstable residents, dogs, hazardous waste, criminal activity, etc....

YES NO UNKNOWN

If yes, Identify hazard in detail: _____

The top portion of this side is required and must be completed.

Complainant: (Your Name)

****Name:** _____

****Address:** _____

****City:** _____ **State:** _____ **Zip:** _____

****Day time phone # :** (_____) _____

****Can violation be seen from the road or street?** () Yes () No If not , what is the best inspection point ? _____

Is the complainant a neighbor? () Yes () No

**** The complainant gives the Code Enforcement Officer permission to use their property for viewing violation:** () Yes () No

If not, why: _____

****Will you, the complainant, testify in court should the need arise?** () Yes () No

(Note: your complaint may not be prosecutable without your testimony.)

If you have photos, or other related information, that can be used as evidence of this violation, please submit them with this application. The submitted documentation will not be returned and will become part of the complaint file.

By signing below, I hereby certify that all information submitted on and with this form is true and accurate to the best of my knowledge. I understand that the department will endeavor to keep all information regarding this complaint confidential, however any information regarding this complaint , complainants name, defendants name, action taken by this office, court action, etc... may become public record and must be disclosed upon proper request, as set forth in the "Freedom of Information Act"

COMPLAINANT

DATE

Thank You for assisting in making *Lincoln County* a better place to live.

For Office Use Only

CASE # _____

Received by: _____ Date: _____ Time: _____
(24 hour clock)

Code Officer Assigned: _____ Date: _____

Property Location: _____

Map #: _____ Parcel #: _____ ****Print and attach copy of Property Card and GIS Map to this Form.**

If this violation falls under the jurisdiction of another county department list the department: _____

Date referred: _____ Name/ position person case referred to: _____

Date Case closed or referred: _____

Code Officer Signature