



TOWN OF WYTHEVILLE
Post Office Box 533
Wytheville, Virginia 24382
Telephone Number: (276) 223-3339

CODE ENFORCEMENT/CITIZEN COMPLAINT FORM

Complainant Name _____ Call-in _____ Personal _____ Written _____
Address _____ Telephone () _____
Received By _____ Date _____ Time _____
Describe Problem _____

Location of Problem (Address & Directions) _____

Persons Responsible (Owner/Occupant) _____
Name _____ Address _____
How long has problem existed? _____ Have you told the party responsible? Yes ___ No ___
Have you or neighbors reported problem before? Yes _____ No _____
What do you feel should be done to alleviate the problem? _____

Would you be willing to appear as a witness in court if legal action is taken? Yes ___ No ___

Signature _____ Date _____

(Official Use Only Below This Line)

Pre-Investigation _____ Contact _____
Date Investigated _____ By _____
Remarks _____

Notice Date _____ Verbal _____ Phone _____ Letter _____ Warning Citation _____
Period _____ Days _____ Personal Service _____ Mail _____ Reg/Cert. Mail _____ Ret. Receipt _____
Follow-up date _____ Corrected: Yes _____ No _____
Appeal: Yes _____ No _____ Date _____ Upheld _____ Rejected _____ Date _____
Abatement: Yes _____ No _____ By _____ Costs \$ _____
Other _____ Notices _____ (Explain) _____

Citation issued _____ Date _____ Court Date _____ Disposition _____
Remarks _____

FILE # _____ **STREET** _____ **REF:** _____