



# Town of Alto

\* Email to: [altocityhall@windstream.net](mailto:altocityhall@windstream.net)

\* Fax to: (706) 778-3357

\* Drop in night drop located at Municipal Complex

## Citizen Complaint Form

### Complainant's Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Would you like to be contacted after the complaint/violation is inspected?    YES    NO

### Complaint Information:

Location of suspected violation \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Description of Complaint/Violation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Internal Use ONLY:

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

Complaint forwarded to \_\_\_\_\_ Date \_\_\_\_\_

Complaint founded    YES    NO    Notice of Violation Sent    YES    NO    Date Sent \_\_\_\_\_

Complainant Contacted    YES    NO    Date \_\_\_\_\_