

**CITY OF ARGO
STREET AND ROAD
COMPLAINT FORM**

**100 Blackjack Road
Trussville AL, 35173**

PHONE: (205) 352-2120

COMPLAINANT INFORMATION:

NAME _____ DATE _____
ADDRESS _____
CITY _____
STATE/ZIP _____
PHONE _____

EXACT ADDRESS OF PROBLEM PROPERTY (REQUIRED, MUST BE SPECIFIC ADDRESS)

NUMBER _____
STREET _____
SUBDIVISION _____
OWNERS'S NAME IF AVAILABLE _____

**If the problem is located in a vacant lot, please give us a detailed description. For example, the lot located on the corner of such addresses or in between such address.

TYPE OF COMPLAINT: _____

FOR OFFICE USE ONLY

Received By _____ DATE _____

Remarks: _____