CITY OF ARGO
STREET AND ROAD
COMPLAINT FORM

100 Blackjack Road     PHONE: (205) 352-2120
Trussville AL, 35173

COMPLAINTANT 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: ______________________________________