



906 S. White Oak Road, White Oak, TX 75693
 Phone: 903-759-6615 Fax: 903-297-3452

CODE ENFORCEMENT COMPLAINT FORM

Please complete this form and return it to the above address. Provide as many relevant details as possible including specific address. **A SIGNED COMPLAINT FORM IS NECESSARY BEFORE THE CODE ENFORCEMENT OFFICE CAN INVESTIGATE, UNLESS A LIFE THREATENING ISSUE EXISTS OR IF ITS IS OTHERWISE DEEMED APPROPRIATE TO ACT.**

Section 1. COMPLAINT LOCATION INFORMATION

ADDRESS OF PROPERTY COMPLAINT: _____
 If you do not know the specific address be as descriptive as possible about its location. For example: the south west corner of X & Y street...or...2 houses east of my address...or...3rd lot in from the corner of X & Y on the north side of the street, etc.

IF KNOWN:
 PARCEL NUMBER _____ PROPERTY OWNER _____

NAME OF RESIDENT _____ PHONE NUMBER _____

Section 2. COMPLAINT SUMMARY How long has the violation existed? _____

<input type="checkbox"/> Garbage/debris	<input type="checkbox"/> Zoning Violation	<input type="checkbox"/> Substandard Building
<input type="checkbox"/> Junk Vehicles	Most common examples include:	<u>Please describe on reverse side</u>
<input type="checkbox"/> Tall dry vegetation Fire Hazard	<input type="checkbox"/> Parking in the front yard	Examples include:
<input type="checkbox"/> Other _____	<input type="checkbox"/> Too many/prohibited animals	<input type="checkbox"/> Broken Windows
	<input type="checkbox"/> Illegal Home Business	<input type="checkbox"/> Fire damaged building
	<input type="checkbox"/> Continuous Yard Sale	<input type="checkbox"/> Leaning Walls
	<input type="checkbox"/> Living in camper/RV	<input type="checkbox"/> Sagging or holes in roof
	<input type="checkbox"/> Sign code Violation	<input type="checkbox"/> Missing doors
	<input type="checkbox"/> Building setback violation	

Please use the back of the form for details, any explanations or additional complaints

Section 3. COMPLAINT INFORMATION

Print your name _____

Your Address _____

Zip Code _____ Home Phone _____ Work Phone _____

Confidentiality preference: Disclosure of information revealing your identity will depend on application of the public disclosure law, Texas Government Code § 552.101 Texas PIA, other applicable statutes and whether the complaint is criminally prosecuted. Please initial in the space that indicates whether you desire information revealing your identity be disclosed. Failure to initial will result in information being subject to disclosure. **By checking Do Not Disclose I am indicating that the disclosure of my name would endanger my life, physical safety or property.**

Do Not Disclose You May Disclose
 Initial Initial

SIGNATURE _____ DATE _____

