

**CITIZEN COMPLAINT FORM
CITY OF SCOTTS MILLS**

Date: _____

Name: _____

Address: _____

Phone #: _____

Nature of Complaint: (Circle those that apply)

Heath Concern

Safety Concern

Noise Complaint

Livestock Complaint

Animal Complaint

Other

Please explain: _____

How long has this been an issue? _____

Is this issue a possible violation of an ordinance? Yes ☐ No ☐

Have you attempted to discuss the issue with the other person, neighbor, or animal/property owner? Yes ☐ No ☐

What was the result? _____

How would you propose the issue be resolved? _____

(continue on reverse side if necessary)

Form to be returned to City Clerk 7 days prior to scheduled meeting.