



County Of Lincoln, North Carolina

Planning & Inspections Department

COMPLAINT REGISTRATION REPORT

Type of Complaint: Building Electrical Mechanical Plumbing Zoning Other

Date: _____ Permit Number (if applicable) _____

COMPLAINT FILED BY: *(This information is public record)*

Name: _____

Address: _____

Work Telephone: _____ Home Telephone: _____

COMPLAINT FILED AGAINST:

Individual or Company Name: _____ Telephone Number: _____

Company Name: _____

Address: _____

Directions: _____

Name, Address & Telephone Number of Any Witness(es), If Applicable: _____

DETAILS & FACTS OF COMPLAINT: _____

If homeowner or others wish to submit a typed or handwritten notarized affidavit, please attach the affidavit to this form.

THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Complainant Signature

Date

KEEP A COPY OF THE COMPLAINT FORM FOR YOUR FILES

FOR OFFICE USE ONLY: Code Enforcement Zoning Admin. Building Inspector Other

Parcel No. _____ Date Received: _____ Date Investigated: _____

Projected Date of Correction: _____ Assigned to: _____