



City of Big Spring
Code Enforcement Complaint Form

Date complaint was received _____ Time: _____ a.m. ___ p.m. ___

Method of transmission: Phone ___ Fax ___ Letter ___ Personal Contact ___

Complainant: _____
Name Address City Phone#

Does complainant want to be contacted? ___ Yes ___ No

Location of complaint _____
Address (City or County)

Alleged Violation(s)

- ___ Weedy lot ___ Junk vehicle
___ Accumulated items ___ Brush or trees overhanging street,
alley or blocking traffic sign
___ Substandard structure ___ Water running down a street or
alley
___ Sewer Smell
___ Other (please explain) _____

For Official Use Only

Complaint number: _____

Code Officer: _____

Additional Comments: _____

