

TOWN OF STAR

COMPLAINT FORM

PLEASE PRINT NEATLY Fill out all required fields and provide as much detail as possible

SECTION 1 Premises to be Investigated (Required)

PLEASE INCLUDE CORRECT HOUSE NUMBER TO EXPEDITE INVESTIGATION. SECTION, BLOCK AND LOT IS OPTIONAL

Property Address: _____ Date: _____

Premises type (Please check the appropriate box) Residential Commercial Industrial Other: _____

SECTION 2 Complainant Information (Required)

First Name _____ Last Name _____ Phone number(s) _____

Email Address _____

Street Address (Please include your house number) _____ Town, State, Zip _____

SECTION 3 VIOLATIONS (Check as many as known)

PLEASE CHECK OFF ANY OF THE FOLLOWING WHICH APPLY, OR DESCRIBE IN FULL AT OTHER.

- | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Overgrown Lots (grass in excess of 12 inches high) | <input type="checkbox"/> Minimum Housing Issues |
| <input type="checkbox"/> Rubbish, Trash or Junk Pile | <input type="checkbox"/> Dangerous or Vacant Building |
| <input type="checkbox"/> Animal or Vegetable matter (odor) | <input type="checkbox"/> Structure, Fence, Etc. – No Permits |
| <input type="checkbox"/> Abandoned White Good(s) | <input type="checkbox"/> Burning of Limbs, Leaves, Etc. |
| <input type="checkbox"/> Loose Animals (dogs, chickens, etc.) | <input type="checkbox"/> Open Storage (Including indoor furniture on porches) |
| <input type="checkbox"/> Junked Vehicle(s) | <input type="checkbox"/> Loud Noise/Music (Between 9pm-6am) |

Other: _____

SECTION 4 INVESTIGATION DETAILS

FOR OFFICE USE ONLY

Date received: _____

Received by: _____

COMPLETED COMPLAINT FORMS MUST BE SUBMITTED TO THE TOWN OF STAR CODE ENFORCEMENT

Town of Star Town Hall
454 Main Street
P.O. Box 97
Star, NC 27356
Phone: 910-428-4623 Fax: 910-428-1170