

**COUNTY OF FREDERICK, VIRGINIA
DEPARTMENT OF INSPECTIONS**

**PROPERTY MAINTENANCE COMPLAINTS
UNSAFE STRUCTURE/OVERCROWDING**

Property Owners Information:

Name: _____

Address: _____

Phone Number: _____

Location of Complaint: (if same, write same)

Address: _____

Tax Map Number: _____

DIRECTIONS:

Complainant Information:

I wish to remain anonymous (your information is still required for office personnel)

Complainant Name: _____

Address: _____

Phone Number: _____

Describe Complaint:

Complainant Signature (required) _____

.....
(Office Use Only)

Received Written Complaint From: _____

Date Received _____