

CITY USE ONLY:			
JS	_____	PW	_____
Mayor	_____	P.Works	_____
Council	_____	Police	_____

**CITY OF LUDLOW
Complaint Form**

Date: _____ **Time:** _____ AM /PM
Taken by: _____ **Via Phone:** _____ **In person:** _____

Complaint made by: _____

Address: _____

Phone Number: (____) _____

Location of Complaint: _____

Nature of Complaint:

Please select from one of the following or describe your complaint in the spaces below:

- | | | | |
|--|--------------------------|------------------------------------|--------------------------|
| Grass overgrown | <input type="checkbox"/> | Abandoned Cars | <input type="checkbox"/> |
| Weeds Unsightly (Front) <input type="checkbox"/> (Rear) <input type="checkbox"/> | | Parking on Unpaved Surfaces | <input type="checkbox"/> |
| Weeds in Sidewalk | <input type="checkbox"/> | Peeling Paint (moderate to severe) | <input type="checkbox"/> |
| Sidewalk Repairs Needed | <input type="checkbox"/> | Broken Gutters | <input type="checkbox"/> |
| Obstructing City Sidewalks & Alleys | <input type="checkbox"/> | Broken Downspouts | <input type="checkbox"/> |
| Trees Overhanging (Front) <input type="checkbox"/> (Rear) <input type="checkbox"/> | | Broken Windows | <input type="checkbox"/> |
| Garbage | <input type="checkbox"/> | Roof | <input type="checkbox"/> |
| Yard full of debris (tires, batteries) | <input type="checkbox"/> | Structurally Unsafe | <input type="checkbox"/> |
| Appliances in Yard | <input type="checkbox"/> | Rusty Surfaces | <input type="checkbox"/> |
| No Address on Front of House | <input type="checkbox"/> | Vacant | <input type="checkbox"/> |

COMMENTS: _____

ACTION TAKEN: _____

