

**CITY OF LUDLOW**  
**Complaint Form**

**Date:** \_\_\_\_\_

**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_