



CITY OF WOODRUFF

231 E. Hayne Street
Woodruff, SC 29388
Phone: 864-476-8154 Fax: 864-476-8119
www.cityofwoodruff.com

COMPLAINT FORM

For Complaints Against:

Property Owners, Tenants, Others as defined

Please complete and return to this office for review in order to determine if this complaint falls within the scope of the statutory authority of the City of Woodruff's Property Maintenance Code. Please answer all questions so that your complaint can be processed as soon as possible. Failure to answer all questions could result in delays in processing and/or request for additional information. You will be notified of receipt of your complaint and how it will be handled.

Your Name:

Complaint Against:

Last ,First ,M.

Last ,First, M.

Mailing Address

Company Name

City -State -Zip Code

Address

() _____

Home Phone/ Day Time Phone

City -State Zip- Code

Day Time Phone License #

Phone #

Address of Property Involving Dispute

I. Facts Regarding Your Complaint:

A.: For Tenant

(1) Are you the tenant? []Y []N _____

(2) Is a copy of your rental agreement attached to this complaint? [] Yes [] No

(3) Is rent current : []Y []N..... If not, has an eviction notice been delivered? _____

B. Property Owner or Other:

(1) Registered Owner of subject property _____

(2) If rent is past due, has eviction notice been sent? []Y []N _____

(3) What is approximate age of the home? _____

Outline directions to site of property involving dispute. Directions should be to a specific reference point in your area to allow the Investigator to proceed directly to the location. Attach a map or on the back of this page, draw a sketch using highway and road numbers, names and other landmarks.

_____ Date

_____ Complainant Signature

Sworn to before me this _____ day of _____,

Notary Public State of _____

My Commission expires _____

Return completed form to:
City of Woodruff
Building & Zoning Administrator
231 East Hayne street
Woodruff, SC 29388