



Town of Mt. Airy
P.O. Box 257
869 Dicks Hill Parkway
Mt. Airy, GA 30563
Phone: (706)778-6990
Fax: (706)776-3976

Citizen Complaint Form

Name of person(s), group or organization making complaint:

Phone number of contact: (____) ____-_____

Address: _____

City: _____ State: _____ Zip: _____

Location of Complaint: _____

Violation of Code Ordinance: _____

Complaint:

Please complete form in its entirety and mail or return it to the City Hall at the above address. I understand that incomplete forms will not be reviewed.

Please file my complaint with the Mayor and Council Members at the next City Council meeting.

I understand that this information is public record and a copy can be obtained upon request.

Complainant Signature

Date

(Office Use Only)

Investigated by: _____ Date: _____