

**CITY OF LAWRENCEVILLE**  
PO BOX 2200  
LAWRENCEVILLE, GA 30046  
FAX: 678-407-6699

**PLANNING, ZONING & INSPECTIONS DEPARTMENT**  
**COMPLAINT FORM**

COMPLAINT AGAINST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the conditions listed above are correct. I understand that, if court action is necessary, I may be subpoenaed as a witness to the above conditions.

\_\_\_\_\_  
Signature (Date)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ (HOME)

\_\_\_\_\_ (WORK)