CITY OF SPRINGVILLE, AL
COMPLAINT FORM

Date: __________________________

COMPLAINT FILED BY (*must be completed):

Name: __________________________________________________________________________
Address: _________________________________________________________________________
Phone Number(s): __________________________________________________________________

Nature of Complaint:

[ ] Trash or debris accumulation

[ ] Grass/weeds overgrown

[ ] Mud in street

[ ] Unauthorized livestock (ie: chickens, pigs, goats)

[ ] Dangerous structure

[ ] Other (please explain):

ADDRESS/LOCATION OF PROBLEM: ______________________________________________________

What is your relation to the complaint, and have you submitted a complaint form regarding this issue previously?
__________________________________________________________________________________

Date Received: ____________________ Initials: _____

Inspection Notes:
__________________________________________________________________________________
__________________________________________________________________________________

Date: ________ Time: ________

Inspector’s Signature: ________________________________

*Please submit the completed form to the address or email below:

Mail:  P.O. Box 919, Springville, AL 35146
Location: 160 Walker Drive, Springville
Email: Springvillezoning@gmail.com