



# City of Lovejoy

2696 Talmadge Rd  
Lovejoy GA 30250  
678-479-4525  
770-471-2304



## Code Enforcement Complaint Form

<b>Your Information: Complaints will not be accepted without the following information.</b>			
Name (Please Print): _____			
Address: _____			
City:	State:	Zip Code:	
Email:	Phone:		
<b>Violation Information:</b>			
Name of parcel owner (if known): _____			
Address of violation: _____			
<b>Type of Violation: Select all that apply.</b>			
<input type="checkbox"/> Damaged/dangerous building	<input type="checkbox"/> Fence needs repair	<input type="checkbox"/> Occupation of camper/RV	
<input type="checkbox"/> Zoning: use not authorized	<input type="checkbox"/> Noise: Violation of quiet hours	<input type="checkbox"/> Prohibited Commercial Vehicle	
<input type="checkbox"/> Inoperable Vehicle	<input type="checkbox"/> Unlawful deposit/dumping	<input type="checkbox"/> Prohibited Sign	
<input type="checkbox"/> Outdoor storage of junk	<input type="checkbox"/> Building not secured	<input type="checkbox"/> Sign Requirements	
<input type="checkbox"/> Waste/Refuse/Garbage	<input type="checkbox"/> Weeds/grass > 10"	<input type="checkbox"/>	
<input type="checkbox"/> Junk Vehicle or Material	<input type="checkbox"/> Stagnant Water	<input type="checkbox"/>	
<input type="checkbox"/> Basketball goal in street	<input type="checkbox"/> Business w/out License	<input type="checkbox"/>	
<input type="checkbox"/> Other (Please explain): _____			
<b>Parcel Information:</b>			
Is this property residential?	<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Multi-Family
Is this property commercial?	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Office	<input type="checkbox"/> Restaurant
Is there work currently in progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the violation visible from a public roadway?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the property located in a subdivision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the subdivision have an HOA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has complainant contacted violator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Signature:</b>			
Please sign: _____			Date: _____

\*By signing this document the complainant understands that he/she may be subpoenaed as a witness to the case. Identity of complainant is considered confidential. A call back will not always be done.

Employee assigned to complaint: \_\_\_\_\_  
Verbal Warning: \_\_\_\_\_ Date: \_\_\_\_\_ Violation found? \_\_\_\_yes \_\_\_\_ no  
Written Warning: \_\_\_\_\_ Date: \_\_\_\_\_  
Written Citation: \_\_\_\_\_ Date: \_\_\_\_\_ Court date: \_\_\_\_\_  
Pictures attached: \_\_\_\_\_

Copy of complaint given to: Police Department \_\_\_\_\_ Code Enforcement \_\_\_\_\_ Code Clerk \_\_\_\_\_  
(N/A, Yes, No)