CITY OF LEXINGTON
Code Violation

Complaint # _____

Date: _____

Complainant Name: _____

Address: _____

Telephone: Work _____ Home _____

Location of Complaint: _____

Responsible Party: _____

Type of Complaint: Sidewalk Street Signs Vehicle Potholes Street Light Animal

Unkempt Yard Trash/Debris Accumulation Blocked Drains Trees Dangerous Structure Other

Nature of Complaint: _____

_____

_____

_____

Confidentiality – Do not use this form to send information you wish to be treated confidentially. This information is available to anyone under the Freedom of Information Act.

ROUTED

Street Dept. Code Compliance Officer Water/Sewer Dept

Animal Control Police Dept Other _____

Action Taken: _____

_____

_____

_____

Initial Warning	NO	Yes	Date: _____	Signed: _____
Violation Issued	NO	Yes	Date: _____	Signed: _____
Compliance	NO	Yes	Date: _____	Signed: _____
Non Comp/Lien	NO	Yes	Date: _____	Signed: _____