LIVABILITY CODE COMPLAINT

COMPLAINANT NAME: _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

PROPERTY OWNER'S NAME: _____

PROPERY OWNER ADDRESS: _____

MY RENT IS CURRENT: _____ YES _____ NO

THE BELOW LISTED COMPLAINTS WERE REPORTED TO THE PROPERTY OWNER:

_____ YES _____NO

I HEREBY MAKE THE FOLLOWING COMPLAINT(S):

_____

_____

_____

_____

ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I DECLARE THE ABOVE STATEMENT TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____

SIGNATURE OF COMPLAINANT

RETURN THE COMPLETED FORM TO:

Danny Roberts, Code Compliance
Droberts1@aberdeenmd.gov (410) 272-1600 ext 137

Brian Shatto, Compliance Supervisor
bshatto@aberdeenmd.gov (410) 272-1600 extension 224

OR
Josh Quesenbery, Director of Department of Public Works
jquesenbery@aberdeenmd.gov (410) 272-1600 ext 208

CODE ENFORCEMENT
CITY OF ABERDEEN MARYLAND

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