



JEFFERSON COUNTY CODE ENFORCEMENT COMPLAINT FORM

Complainant Information:

Your First Name:	
Your Last Name:	
Your Phone Number:	
Your Full Address:	
Your Email Address (optional):	

Complaint Location:

Address/Street Number:	
Street Name:	
Apartment/Lot Number:	
City:	
Zip Code:	
Nearest Major Intersection:	
Name of Subdivision / Complex:	

Description of Complaint:	

Date Complaint Filed