

TIFTON/TIFT COUNTY CODE ENFORCEMENT OFFICE
COMPLAINT FORM

DATE: _____ TIFTON _____ TIFT COUNTY _____

OMEGA _____ TY TY _____

COMPLAINANT NAME: _____

ADDRESS: _____ PHONE _____

ADDRESS OF VIOLATION: _____

OWNER'S NAME (if known): _____

ADDRESS (if known): _____

TENANT'S NAME (if known): _____

NATURE OF VIOLATION:

____Junk cars

____Accumulations

____Burning

____Dumping

____Litter

____Overgrown

____Obst of ROW

____Tenant Compl

____Dil structure

_____Other

Signature: _____

**NOTE: Your privacy cannot be protected because of the requirements of
the Freedom of Information Act.**

(To be completed by Code Enforcement Office)

MAP/PARCEL: _____