

Code Enforcement  
Complaint Form



City of Senoia  
P.O. Box 310  
80 Main Street  
Senoia, GA 30276  
(770) 599-3679

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Please complete form and return to City Hall.

**Complainant Information:**

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**Complaint Information:**

Location of Violation \_\_\_\_\_

Nature of Violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Complainant understands that he/she may be called as a witness if a citation is issued.

Signature: \_\_\_\_\_

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For Office use only

Date Received \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action: \_\_\_\_\_