



CITY OF SPRINGVILLE, AL
COMPLAINT FORM

Date: _____

COMPLAINT FILED BY (*must be completed):

Name: _____

Address: _____

Phone Number(s): _____

Nature of Complaint:

Trash or debris accumulation

Grass/weeds overgrown

Mud in street

Unauthorized livestock (ie: chickens, pigs, goats)

Dangerous structure

Other (please explain):

ADDRESS/LOCATION OF PROBLEM: _____

What is your relation to the complaint, and have you submitted a complaint form regarding this issue previously?

Date Received: _____ Initials: _____

Inspection Notes:

Date: _____ Time: _____

Inspector's Signature: _____

***Please submit the completed form to the address or email below:**

Mail: P.O. Box 919, Springville, AL 35146

Location: 160 Walker Drive, Springville

Email: Springvillezoning@gmail.com