

**Citizen Complaint Form and Consent to Enter Property  
FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW.**

*Please print*

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Operator/Agent: \_\_\_\_\_ Phone number: \_\_\_\_\_  
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Your Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please describe your concern or complaint:**

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

**FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW.**

By signing below, I affirm that the information on this form is correct and I consent that representatives of the City of Columbia's Office of Neighborhood Services can enter my property to inspect for violations of the ordinances of the City of Columbia.

\_\_\_\_\_  
Your Signature \_\_\_\_\_ Date \_\_\_\_\_

-----For office use only-----

Date Complaint Received: \_\_\_\_\_ Time Complaint Received: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_ Notice sent: Y N App#: \_\_\_\_\_ H T E Case #: \_\_\_\_\_

Date Complaint Resolved: \_\_\_\_\_ Resolution: \_\_\_\_\_  
\_\_\_\_\_

