



CITY OF COLONIAL HEIGHTS

P.O. Box 3401

COLONIAL HEIGHTS, VA 23834-9001

www.colonial-heights.com

Property Maintenance Complaint Form

Date: ____ / ____ / ____

Address of Complaint: _____

Complainant is: Owner ____ Occupant ____ Neighbor ____ Other ____

Complainant Name (optional for exterior property complaints): _____

Complainant Address: _____

Complainant Phone Number: Home _____ Work or other _____

What is the best time and date to contact you: _____

Complaint: _____

Have you contacted the owner regarding the complaint? Yes ____ No ____

If yes, did you place your concerns in writing? Yes ____ No ____

What has been done to remedy the problem? _____

Complainant Signature: _____ Date: ____ / ____ / ____

Notice regarding right of entry for interior complaints:

By signing this form, the complainant represents that they () are () are not in control of the area or tenant space in question. In addition, the complainant is requesting an inspection by the City OF COL HGTS for the purpose of enforcing property maintenance requirements.