



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: _____

Complaint: _____

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For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

Have you contacted the owner regarding the complaint? Yes No

If yes, did you place your order with a distributor? Yes No

1. What is the primary purpose of the study?

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Compliant Signature: _____ Date: ____ / ____ / ____

Notice regarding right of entry for interior complaints:

By signing this form, the complainant represents that they () 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.