FOUR OAKS
North Carolina

Property Compliance Complaint

Note: Fields marked with an asterisk (*) are required.

**You must enter either a valid telephone number or valid e-mail address if you want to know the status of your complaint, or if you want to receive a reply. At least one of these fields must be completed to submit the form.

Part 1: Complaint/Property Information

Name of person Complaint is registered against: *

Phone of Number for person Complaint is registered against: *

Email for person Complaint is registered against: *

Address of person/property where Complaint/Violations exist*:

Part 2: Describe Compliant/Violations:

Describe Compliant/Violation

P.O. Box 610 304 N. Main Street Four oaks, NC 27524
Office 919-963-3112 Fax 919-963-3113 www.fouroaks-nc.com

Part 3: Complainant Information

Date*:

Your Name: ☐ Anonymous

Your Address: *

Town:

Your Phone Number:

Your Email:

Your Signature:

Request Feedback:

☐Yes, I would like the Inspector to contact me.

☐No, I clo not need the Inspector to contact me.

IMPORTANT: THIS OFFICE DOES NOT INVESTIGATE COMPLAINTS OF MOLD (for complaints of mold contact North Carolina Department of Public Health at 919-707-5000)