

**CITY OF BENNETTSVILLE CODE ENFORCEMENT  
COMPLAINTS FORM**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ADDRESS OF VIOLATION: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

NATURE OF COMPLAINT:

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

COMPLAINANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

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

INSPECTOR'S NAME: \_\_\_\_\_

PLEASE CHECK IF THE COMPLAINANT WOULD LIKE FOR A RETURN CALL: \_

INSPECTOR'S NAME, DATE AND TIME OF RETURNED CALL:

\_\_\_\_\_

EMAIL THIS COMPLETED FORM TO [hollyherndon@mecsc.net](mailto:hollyherndon@mecsc.net)

OR MAIL TO THE

CITY OF BENNETTSVILLE,

PLANNING AND ZONING DEPARTMENT

PO BOX 1036

BENNETTSVILLE, SC 29512