HENDERSON COUNTY INSPECTIONS COMPLAINT

Property address and directions from 100 N King St: ________________________________________________________________

Permit # (if any): ____________________________________________

Owner/ Tenant 
Name: _____________________________   Name: _____________________________
Address: ____________________________   Address: ____________________________

Phone# _____________________________  Phone# _____________________________

Complaint Received: _____ Phone _____ Person _____ Letter (copy attached)
Date Received: _______ Time: _____ PIN#: _____________________________
Complaint Received By: _____________________________________________

Nature of Complaint: ____________________________________________

Referral To: __________________________ Date: _______________________

Report of Investigation: (additional reports on back of form) __________________________

Signed: _____________________________ Date: _________________________

Final Disposition: ________________________________________________

Signed: _____________________________ Date: _________________________