



PLANNING AND DEVELOPMENT
10 N. Roosevelt St.
P.O. Box 500
York, SC 29745

CODE ENFORCEMENT – VIOLATION COMPLAINT FORM
Email this form to slinder@yorksc.gov or drop off to the Planning Department

DATE: _____ DATE COMPLAINT OBSERVED: _____

ADDRESS OF COMPLAINT: _____

DIRECTIONS (PLEASE BE SPECIFIC): _____

WHAT TYPE OF PROBLEM WAS OBSERVED? (ADD ADDITIONAL PAGES IF NEEDED): _____

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE (PROVIDE N/A WHERE APPLICABLE)

PROPERTY OWNER'S NAME (COMPLAINT): _____

ADDRESS (COMPLAINT): _____

CITY, STATE, ZIP (COMPLAINT): _____

TELEPHONE (COMPLAINT): _____

CITIZEN'S NAME OBSERVING COMPLAINT: _____

CITIZEN'S SIGNATURE: _____

CITIZEN'S ADDRESS: _____

CITY, STATE, ZIP: _____

CITIZEN'S TELEPHONE: _____

CITIZEN'S EMAIL: _____

FOR OFFICE USE ONLY

TAX MAP #: _____ ZONING DISTRICT: _____ COUNCIL DISTRICT: _____

CODE VIOLATION SECTION(S): _____

IF THIS POTENTIAL VIOLATION GOES TO COURT, WOULD YOU BE WILLING TO TESTIFY? YES _____ NO _____

DO YOU WANT TO REMAIN ANONYMOUS? YES _____ NO _____

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law. (Rev. 7/31/2023)