

**Town of Gate City
156 East Jackson Street
Gate City, VA
276-386-3831**

PROPERTY MAINTENANCE COMPLAINT FORM

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

COMPLAINT: (Please include address, photos, and any other information you feel will help our investigation)

Use additional paper if necessary.

FOR OFFICE USE

Date Received: _____ Date Reviewed by Codification Committee: _____

Enforcement Approved by Codification Committee: Yes No

Notes: _____

Codification Committee Signature: _____
Dexter Harmon Tyler Kilgore