



TOWN OF SOUTHERN SHORES

5375 North Virginia Dare Trail

Southern Shores, NC 27949

www.southernshores-nc.gov

(252) 261-2394

(252) 255-0876 fax

TOWN CODE COMPLIANCE COMPLAINT FORM

Date Filed: ____/____/____

Complainant Name: _____ Complainant Phone #: _____

Complainant Address: _____

Type of Complaint: _____

Date of alleged Violation: ____/____/____.

Address or Location of Complaint: _____

Nature of activity and a brief description by complainant:

Your signed complaint will be investigated by Code Enforcement officials. You will be notified of the findings and/or the final disposition of the complaint in a timely manner. Please note that you may be called to testify to said complaint at a later date.

Complainant Signature

(Print Name)

Received by : _____

(Print Name)

Date: ____/____/____.