

**CITY OF SHEPHERDSVILLE
CODE ENFORCMENT
DIVISION**

**P.O. BOX 1712
634 CONESTOGA PARKWAY
SHEPHERDSVILLE, KY 40165**

COMPLAINT FORM

DATE: _____ **TIME:** _____

COMPLAINANT CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____ **CELL#** _____

TIME COMPLAINANT CAN BE REACHED: _____

**NATURE OF
COMPLAINT:** _____

COMPLAINT RECEIVED BY: _____

USE REVERSE SIDE OF FORM FOR ADDITIONAL INFORMATION: