

# CODE ENFORCEMENT COMPLAINT FORM



**CITY OF Mullins  
South Carolina**

City of Mullins  
Code Enforcement Division  
151 E Front St.  
Mullins SC 29574  
PHONE: 843-464-5660  
FAX: 843-464-5202  
[sjordan@mullinssc.us](mailto:sjordan@mullinssc.us)

**Violation Location and Property Owner**

Address:

Additional Location Information:

Name of Property Owner: Phone :

Property Owner's Mailing Address:

**Reporting Party Information:**

Reporting Party Name: Phone :

Mailing Address:

**Example of Complaints (please choose one):**

- |   |   |
|---|---|
| <input type="checkbox"/> Junk, Trash and Debris       | <input type="checkbox"/> Illegal Dumping, Tires. Etc. |
| <input type="checkbox"/> Harborage or Vermin          | <input type="checkbox"/> Blocking Right of Way        |
| <input type="checkbox"/> Unsafe Structure             | <input type="checkbox"/> Illegal Sign                 |
| <input type="checkbox"/> High Grass                   | <input type="checkbox"/> Fill Violation               |
| <input type="checkbox"/> Abandoned/Inoperable Vehicle | <input type="checkbox"/> Drainage                     |
| <input type="checkbox"/> Blighted/dangerous structure | <input type="checkbox"/> Permit Violation             |
| <input type="checkbox"/> Other (Please Explain) _____ |   |

**Nature of Complaint**

You may disclose my identity upon public inquiries regarding this complaint.       You may not disclose my identity upon public inquiries regarding this complaint without permission.

*\*\*\*Please note, your name must be disclosed if you are identified as a witness in an administrative or court proceeding concerning this matter, or if otherwise required by an administrative or court order.*

**FOR OFFICE USE ONLY**

Received By: Date Received: