

City of Pickens  
Code Enforcement Complaint Form  
PO Box 217 Pickens, SC. 29671  
864-878-6366

Reporting Party Information

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_  
\_\_\_\_\_

Your contact telephone: \_\_\_\_\_

Do you wish to remain anonymous? : yes \_\_\_ no \_\_\_

Complaint Information

Address of complaint / concern:

\_\_\_\_\_  
\_\_\_\_\_

Type of complaint:

\_\_\_ Trash and debris

\_\_\_ Junk vehicle

\_\_\_ Overgrown vegetation

\_\_\_ Unsanitary conditions

\_\_\_ Signs

\_\_\_ Other

Details of complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to Code Enforcement Officer