

Property Owner's Name: _____

Property Owner's Address: _____

Alleged Violator's Name: _____

Alleged Violator's Address: _____

Nature of Alleged Violation:

Directions to property from Town Hall:

Complainant's Name: _____

Daytime Phone: _____ Complainant's E-Mail: _____

Complainant's Address: _____

*Note: By submitting this form, you are attesting to the validity of this complaint and acknowledge your willingness to appear in court as a witness against the alleged violator, if necessary. Please be advised that you may be contacted by telephone to verify the information contained on this form. **Checking the following () will serve as a request to keep your name confidential with respect to requests from the public for release of information in accordance with the Freedom of Information Act.** Mail, e-mail, fax, or hand-deliver the completed form to the Town of Pine Ridge at the below address.*

**2757 Fish Hatchery Road
West Columbia, SC 29172
(803)755-2500 phone/(803)955-0605 fax**

Please do not write below; to be completed by Town Staff

Tax Map Number: _____

Property Zoned: _____

Complaint Received by: _____ Date: _____



PROGRESS
THROUGH UNITY
UNDER GOD

**2757 Fish Hatchery Road
West Columbia, SC 29172
(803)755-2500 phone/(803)955-0605 fax**