



## LIVABILITY CODE COMPLAINT

COMPLAINANT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

MY RENT IS CURRENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

THE BELOW LISTED COMPLAINTS WERE REPORTED TO THE PROPERTY OWNER:

\_\_\_\_\_ YES \_\_\_\_\_ NO

I HEREBY MAKE THE FOLLOWING COMPLAINT(S):

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ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I DECLARE THE ABOVE STATEMENT TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

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RETURN THE COMPLETED FORM TO:

Phyllis Grover, Director of Planning and Community Development  
phyllis@aberdeennmd.gov (410) 272-1600 extension 216

OR

Sydney Cooper, Planning Assistant  
scooper@aberdeennmd.gov (410) 272-1600 extension 221