

County of Spotsylvania
Founded 1721



Service, Integrity, Pride

Overcrowding Complaint Form

(ONE PER ADDRESS)

The following information is necessary to effectively process your complaint. All information provided may be subject to the Freedom of Information Act (FOIA)

NAME (required) _____

PHONE NUMBER (required): _____

PROPERTY ADDRESS OF COMPLAINT: _____

BRIEF DESCRIPTION OF COMPLAINT:

I give permission to come on my property if necessary *(Must sign below)*

I do not give permission to come on my property

(printed name)

(signature)

date

The Code Compliance Department will complete an inquiry into the above complaint. Completion of this form does not guarantee a citation will be issued. Your completion of this form does not authorize you to enforce the Building code or Zoning ordinance. Only Spotsylvania County Code Enforcement Officers may do so. A Code Enforcement Officer will contact the Complainant.



Overcrowding Complainant Questionnaire

(One per Address)

1. Have you filed an overcrowding complaint for this specific home in the past?

2. If yes, what has changed since the previous complaint was made? Please provide new information.

3. How many people do you estimate live in the house?
(Specify the number of adults (males and females) and children if possible)

4. Does the number of people living in the house continually change?

5. Are there any other problems associated with this property such as parking, outside storage or trash?

6. Can you estimate how long the alleged overcrowding conditions have existed in the house?

Name of Person filling out form: _____ Date: _____

Address of Residence with alleged overcrowding _____

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