

**TOWN OF WILLIAMSTON**  
**Code Enforcement Complaint Form**  
100 Town Square Dr., Williamston SC 29697  
864-847-4012

Date: \_\_\_\_\_

**Reporting Party Information**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

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

**Complaint Information**

Address of complaint and concern:

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

**Type of Complaint:**

Trash and debris

Overgrown vegetation

Signs

Junk Vehicle

Unsanitary conditions

Other

**FOR DEPARTMENT USE ONLY:**

**Steps taken to remedy the situation (include dates/times):**

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

**Return to Police Department**