TOWN OF SPRING LAKE
Building Inspection Department
Complaint Record

Address: _____, Spring Lake, NC. 28390

Name of Complainant: _____, Phone: _____
Address of Complainant: _____

Name of Tennant: _____, Phone: _____
Address of Tennant: _____

Name of Owner: _____, Phone: _____
Address of Owner: _____

Complaint filed by: ☐ Phone ☐ Letter ☐ in Person, Date _____, at _____AM/PM by_____

Complaint: _____

Signature: _____, **Date:** _____

Referred to: _____, Date: _____

Report of Investigation: _____

Signature: _____, **Date:** _____

Final Disposition: _____

Signature: _____, **Date:** _____