CITY OF ABERDEEN
P.O. Box 70
Aberdeen, MD 21001

LIVABILITY CODE COMPLAINT

DATE: _____

ADDRESS: _____

_____

TELEPHONE: _____

PROPERTY OWNER'S NAME: _____

ADDRESS (IF KNOWN): _____

_____

I HEREBY MAKE THE FOLLOWING COMPLAINT: _____

_____

_____

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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