



Rabun County Marshal's Office

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Clayton, GA 30525

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Ordinance Violation Complaint Form

PLEASE PRINT OR TYPE:

VIOLATION INFORMATION

OFFENDER'S NAME (If Known)		
DESCRIPTION (HOUSE, ROADWAY, BUSINESS, ETC)		
STREET ADDRESS		
CITY	STATE	ZIP CODE

COMPLAINANT INFORMATION

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. NAME		
ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	

NATURE OF VIOLATION, BE AS SPECIFIC AS POSSIBLE:

OFFICE USE ONLY

Date Received _____

Received By _____

DISPOSITION/RESOLUTION _____

NOTICE: As much information as possible should be provided, in addition to any supporting documents pertaining to your specific complaint. Failure to provide sufficient information or documentation may prevent or delay the investigation of your complaint. The information will be used to determine whether a violation of law has occurred. If a violation is substantiated, we will proceed with enforcement of the complaint. You, as the complainant, may be required to appear and testify in court if resolution is not reached by other methods.

Signature

Date