



## CITY OF LAVON

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### OSSF COMPLAINT FORM

Please type or print clearly.

## OSSF COMPLAINT FORM

### COMPLAINT MADE BY:

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

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

### COMPLAINT AGAINST:

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

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

### COMPLAINT:

Smell       Drainage       Standing Water       Other \_\_\_\_\_

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### Designated Representative (DR) to complete the following information:

DR Name: \_\_\_\_\_ DR No: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Investigated: \_\_\_\_\_ Days given to correct: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DR Signature

\_\_\_\_\_  
Date