

**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: _____

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