

COMPLAINT FORM

Bullitt County Code Enforcement

Jim Bozeman, Director

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P.O. Box 149

Shepherdsville, KY 40165

Fax: (502) 921- 2972

Person Filing Complaint: _____ Date: _____

Complete Address: _____

E-Mail: _____ Phone: _____ Fax: _____

PLEASE DESCRIBE YOUR COMPLAINT REGARDING ENFORCEMENT OF THE UNIFORM BUILDING CODE. BE SPECIFIC AS POSSIBLE (WHO, WHAT, WHERE AND WHEN)

I attest this information is accurate to the best of my knowledge.

Signature: _____ Date: _____

ATTACH ADDITIONAL INFORMATION AS NEEDED