



BULLITT COUNTY - KENTUCKY  
DEPARTMENT OF CODE ENFORCEMENT  
**DIVISION OF BUILDING CODES**  
P.O. Box 768 149 North Walnut Street Shepherdsville, KY 40165  
502-921-2970 Fax 502-921-2972

**FORMAL CONSUMER COMPLAINT**

**Site of Complaint** \_\_\_\_\_  
*County City Street or Road*

**Owner(s) Name** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street or P O Box Address City County Zip*

**Company Name** \_\_\_\_\_

**Company Owner(s) Name** \_\_\_\_\_ **Master License #** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street or P O Box Address City County Zip*

**Company Phone #** \_\_\_\_\_ **Date of Installation** \_\_\_\_\_

The Board may revoke, suspend, place on probation or restrict the license or certificate of any licensee or certificate holder; refuse to issue or renew a license or certificate; or reprimand, censure, or fine a licensee or certificate holder for violation of KRS 198B.650 to KRS 198.689.

**Check all that applies below.**

HVAC person **not** licensed.

Incompetence of or deliberate disregard and violation of building codes and applicable codes.

Faulty installation, maintenance, alteration or repair of:

Heating System  Cooling System  Ventilation System

Other \_\_\_\_\_

**There is currently ongoing court litigation in this matter in \_\_\_\_\_ County.**

I understand and agree that I may be subpoenaed to testify if a hearing is held before the HVAC Board as a result of this formal consumer complaint.

**Owner(s) Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Equal Opportunity Employer M/F/D