



City of San Saba
CODE COMPLAINT FORM

CONTACT INFORMATION:

Date of Submittal: _____

Name: _____

Business Name (if applicable): _____

email: _____

Daytime Phone: _____

Address: _____

ISSUE / PROBLEM LOCATION:

Address Where the Issue / Problem is Occurring:

Nature of the Complaint:

Abandoned / Junk Vehicle

High Grass Complaint

Nuisance / Code Violations

Other

Describe in Detail the Issue / Problem that is Occurring:

Applicant Signature: _____