



COUNTY OF WASHINGTON, VIRGINIA

COUNTY ADMINISTRATION BUILDING
1 GOVERNMENT CENTER PLACE
ABINGDON, VIRGINIA 24210

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DEPARTMENT OF BUILDING & DEVELOPMENT SERVICES

Complaint Form

LEGAL DISCLAIMER: NOTICE THAT ANY AND ALL INFORMATION GIVEN OR OBTAINED IS PUBLIC RECORD AND CAN BE REQUESTED BY ANYONE.

Name: _____ Phone: _____
(Person Registering Complaint)

Mailing Address: _____

Directions from Washington County Administration Building to the site about which the complaint is being made: _____

Are you presently the tenant or renting this site? Yes _____ No _____

Have you contacted the Owner/Contractor and asked them to correct the problem? _____

Complaint Registered Against: _____ Tax Map Number: _____
(Property Owner) (Property Owner)

Please explain the nature of your complaint as it relates to building code safety: _____

Have you filed a previous complaint, if so, what action was taken? _____

Signature: _____ Date: _____