

**Ben Hill County Building & Zoning  
Office of Code Enforcement  
Complaint Form**

Report / File #: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Complaint: \_\_\_\_\_

\_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Officer Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date

[lawton.lovett@benhillcounty-ga.gov](mailto:lawton.lovett@benhillcounty-ga.gov) (229) 922-0337