



**CITY OF MOUNT AIRY**

150 Rockford Street · Mount Airy, NC 27030

336.786.4560

[cmorris@mountairy.org](mailto:cmorris@mountairy.org)

**SUBSTANDARD HOUSING COMPLAINT FORM**

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

Tax Parcel ID: \_\_\_\_\_

Property Owner Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Tenant Name(s) *(If Applicable)*: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Complainant *(Required)*: \_\_\_\_\_

Signature of Complainant *(Required)*: \_\_\_\_\_

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**For Codes Enforcement Staff Use Only**

Complaint Received Via:     Office Visit     Mail     E-Mail

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Inspection Completed  Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_

Status:     Illegitimate Complaint     Case Opened     Condemned     Abated

Other

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*\*Please Note: All forms submitted to the City of Mount Airy are public information. Complaints are a matter of public record and as such will be disclosed to responsible parties upon written request.*