

COUNTY OF SABINE OSSF COMPLAINT FORM

FILL OUT AND RETURN TO:
GORDON THIBODEAUX, OSSF DESIGNATED REPRESENTATIVE
COURT HOUSE ANNEX
213 MARKET ST
P.O. BOX 1773
HEMPHILL, TX 75948
PHONE: 409-787-2409 FAX: 409-787-4753

Date: _____

Complaint against:

Occupant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Briefly Describe Location & Complaint:

Filed by:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Inspection Shows Following:

OFFICIAL USE ONLY

Initial contact:

Date Received written Complaint:

Date Investigated:

Violation:

Date violator notified:

Given

days to correct

No Violation Found:

Date: