



## SMOKING ORDINANCE COMPLIANCE COMPLAINT FORM

Date \_\_\_\_\_

### Complainant information

Name \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Address \_\_\_\_\_

Describe your complaint \_\_\_\_\_

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

### Business location information

Business name \_\_\_\_\_

Business address \_\_\_\_\_

**RETURN FORM TO**  
**City of Hartsville City Manager's Office**

**In person:** Second floor, City Hall, 100 E. Carolina Ave.    **By mail:** P.O. Drawer 2497 Hartsville SC 29551

**By email:** natalie.zeigler@hartsvillesc.gov    **By fax:** 843.339.2869

**Questions? Contact Russell Cox, Public Information Officer, 843.383.3015 ext. 1002, russell.cox@hartsvillesc.gov**

### Office use only

Date received \_\_\_\_\_

Action taken \_\_\_\_\_