FORMAL CONSUMER COMPLAINT

to

Department of Housing, Buildings & Construction Division of Plumbing 500 Mero St, 1st Floor Frankfort, KY 40601-1987

Phone #: 502-573-0397 Fax #: 502-573-1058 Email: plumbing@ky.gov

Site of Complaint	City	Street or Ro	Street or Road	
Owner(s) Name	Owner Phone #			
Owner Email Address				
Address Street or P O Box Address				
Street or P O Box Address	City	County	Zip	
Company Name				
Company Owner(s) Name	Master License #			
Address				
Street or P O Box Address	City	County	Zip	
Company Phone #	Date of Installation			
Check all that apply below Plumber <u>not</u> licensed.				
Incompetence of or deliberate disregar	d and violation of build	ding codes and appl	icable codes	
Faulty installation, maintenance, altera	ation or repair of:			
Other				
There is currently on-going court liti	gation in this matter i	in	Count	
Owner(s) Signature		Date		

PLUMBING VIOLATION OR DEFICIENCY (ADDITIONAL PAGES MAY BE USED IF NEEDED)

Explain in detail starting with the date problems was first discovered with the Plumbing			
System:			
Your view as to how this matter should be resolved			