

For Business License Division Use Only:

Complaint Number: _____

Date/Time Rec'd by City: _____

Date/Time Faxed to Provider: _____

Cable TV Provider Complaint Form

STEP 1:

Provide information on the lines below.

STEP 2:

Mail or fax this form to: City of Marietta, Business License Division, P.O. Box 609,
Marietta, GA 30061 - Fax (770) 794-5685

Subscriber: _____

Address: _____

Home Telephone Number: _____

Alternate Telephone Number: _____

Description of Complaint:

To Subscriber: Please do not write below this line

Subscriber contacted by (Name of Provider Representative): _____

Signature: _____ Date: _____