

Nuisance Complaint Form

Date: \_\_\_\_\_

Type of Nuisance:

<input type="checkbox"/>	Weeds/Grass in excess of 8 inches
<input type="checkbox"/>	Junk as described in 8.04.020
<input type="checkbox"/>	Junk Vehicle
<input type="checkbox"/>	Dangerous Structure
<input type="checkbox"/>	Other: _____

Time: \_\_\_\_\_

Physical Address of Nuisance: \_\_\_\_\_

Geo Code of Nuisance: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By: \_\_\_\_\_

Citizen Complaint

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Office Use Only

Date of Contact with Owner	_____
Resolution:	_____