



DATE: \_\_\_\_\_  
CASE #: \_\_\_\_\_

**CODE ENFORCEMENT  
NUSIANCE COMPLAINT FORM**

---

Address of Complaint: \_\_\_\_\_

Property Owner/Resident: \_\_\_\_\_

**Property Legal Description(s):**

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Section: \_\_\_\_\_ Township \_\_\_\_\_ Range: \_\_\_\_\_

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

---

**Violation Category:** (Check All Applicable)

Grass/Weeds <input type="checkbox"/>	Trash/Junk <input type="checkbox"/>	Vehicles <input type="checkbox"/>	Appliances <input type="checkbox"/>
Zoning Issues <input type="checkbox"/>	Dilapidated Structure <input type="checkbox"/>	Street Signs <input type="checkbox"/>	Dead Trees <input type="checkbox"/>

Other: \_\_\_\_\_

**Person(s) Making Complaint:** *\*\*We make every effort to maintain utmost confidentiality. \*\**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Action Taken: \_\_\_\_\_

---

Date of Action: \_\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---