CITY NUISANCE COMPLAINT FORM

PLEASE COMPLETE THE FOLLOWING FORM SO THAT THE CITY CAN PROPERLY INVESTIGATE AND DETERMINE IF THE CITY NEEDS TO TAKE ACTION. NAME: _____ DATE: _____ PHONE NUMBER: _____ ADDRESS: _____ CIRCLE COMPLAINT SECTION(S) BELOW: 1. BUILDING/UNSAFE STRUCTURE 2. JUNK VEHICLES 3. OFFENSIVE SMELL 4. GARBAGE 5. JUNK IN YARD *CODE/ORDINANCE SECTION: _____ 6. FENCE 7. WEEDS/OVERGROWTH 8. TREES 9. SIGNAGE OR RIGHT OF WAY USE 10. OTHER _____ ADDRESS OF ALLEGED NUISANCE: DESCRIPTION OF VIOLATION/ NATURE OF COMPLAINT (PLEASE BE SURE TO INCLUDE AS MUCH DETAIL AS POSSIBLE- LOCATION, HOW LONG HAS THIS BEEN HAPPENING, HOW YOU FEEL THE NUISANCE CAN BE CORRECTED ETC. YOU MAY USE ADDITIONAL SHEETS OF PAPER IF NEEDED.) *PLEASE REMEMBER THAT THIS IS A REQUEST TO HAVE A CITY OFFICIAL LOOK INTO THE POSSIBLE VIOLATION AND THAT THIS IS NOT THE INSTRUCTIONS THE CITY IS REQUIRED TO FOLLOW. WE WILL TAKE YOUR RESOLUTION DETAILS INTO CONSIDERATION; HOWEVER, THE CITY OF WEST LIBERTY RESERVES THE RIGHT TO RESOLVE ANY COMPLAINT AS THE CITY SEES FIT.* CITIZENS SIGNATURE: FOR OFFICE USE ONLY: DATE RECEIVED: _____ IN VIOLATION: YES/NO DATE LETTER SENT: _____ DATE COMPLETED: _____ VERIFIED BY: _____ SIGNATURE:____ **COMMENTS BY STAFF:**