CITY OF WEST LIBERTY
409 N CALHOUN ST.
WEST LIBERTY, IA 52776

319-627-2418
SHOFFERT@CITYOFWESTLIBERTYIA.ORG

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:_____

ADDRESS: _____ PHONE NUMBER: _____

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.)

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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:

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