

City of Leola Citizen Complaint Form

Person making complaint: _____ Phone number _____

Address of person making complaint: _____

Have you contacted the owner or other responsible person? **Yes** **No** When? _____

If yes, what happened? _____

1. Owners/responsible party's name _____

2. Address of location of nuisance or other condition: _____

Complaint:

Date last observed: _____

*I certify that the information provided on this form is true. I certify that I personally witnessed this alleged incident, nuisance, or other condition.

Complainant signature

Date

Received by: _____ Date received by city: _____

Action taken: _____

Complainant follow up: Yes _____ date _____

No _____