



CITY OF STATE CENTER COMPLAINT FORM

Please complete the following information so that the City can properly assess and manage the issue and/or file an abatement notice to the property owner where the nuisance is located. Please print clearly.

Complainant Name: _____

Address: _____ Phone: _____

Address of nuisance / issue: _____

Check issue below:

<input type="checkbox"/> Building/Unsafe structure	<input type="checkbox"/> Garbage	<input type="checkbox"/> Weeds/Overgrowth
<input type="checkbox"/> Junk Vehicles	<input type="checkbox"/> Junk in yard	<input type="checkbox"/> Signage or Right-of-way use
<input type="checkbox"/> Offensive Smell	<input type="checkbox"/> Fence	<input type="checkbox"/> Other (describe below)

Briefly describe in **DETAIL** the nature of your complaint (PLEASE PRINT OR WRITE LEGIBLY).

(Complete if applicable): When did issue occur? Date: _____ Time: _____ a.m / p.m.

(Complete if applicable): Did you talk to the offender? Yes _____ No _____ What did he/she say? _____

IF APPLICABLE, PLEASE WORK WITH YOUR NEIGHBOR!

SIGNATURE: _____ **DATE:** _____

All complaints must be signed and dated to be considered valid.