

NUISANCE COMPLAINT

Address where nuisance exists: \_\_\_\_\_

Description of nuisance: \_\_\_\_\_

\_\_\_\_\_

How long has nuisance been present? From \_\_\_\_\_ to \_\_\_\_\_

Did you make any contact with the resident(s) regarding the nuisance? Yes ( ) No ( )

If yes, please give details of contact. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Resident making complaint

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Complaint

If you prefer to remain anonymous, please sign anonymous on the signature line above and fill in the date of the complaint. You may mail this complaint form to the City of Glenaire at 309 Smiley Rd, Liberty, Missouri 64068 or you may drop it off at the City's mailbox located just south of the driveway on Rex Rd. (The big square one with City of Glenaire on the side)

\_\_\_\_\_  

Do Not Write Below This Line
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\_\_\_\_\_

Date complaint received by Clerk: \_\_\_\_\_

Complaint investigated by: \_\_\_\_\_

Nature of violation: \_\_\_\_\_

Section of Ordinance 321 violated \_\_\_\_\_

Details of informal contact with resident: \_\_\_\_\_

\_\_\_\_\_

Date 5-day notice mailed to resident \_\_\_\_\_ received by resident: \_\_\_\_\_

Date citation issued: \_\_\_\_\_ Date resolved in Court: \_\_\_\_\_

Other action taken by Board: \_\_\_\_\_

Date nuisance abated: \_\_\_\_\_