



# City of Sergeant Bluff General Nuisance Complaint Form

Complainant Name

Complainant Address

Day phone  Evening/cell phone

Email Address

Location/Address of Complaint

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

- |  |                                       |  |
|--|---------------------------------------|--|
| <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)      |

Comments:

*Every effort will be made to keep complainant information confidential*

Signature	Date
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PLEASE RETURN THIS FORM TO:  
CITY OF SERGEANT BLUFF  
401 4<sup>TH</sup> ST., PO BOX 703  
SERGEANT BLUFF, IA 51054  
712-943-4244/Fax 712-943-2106

Office Use Only: Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
Ref No. \_\_\_\_\_