

~ ~ **Report of Property Maintenance Violation** ~ ~

City Hall
204 1st Ave. East
Bristol, SD 57219

Phone: 605-492-3225

In accordance with department policy property maintenance complaints shall be made in writing and contain the name(s) of alleged violator, name(s) of property owner (if different from alleged violator), contact information and specific allegations of wrong doing. All complaints must be signed and dated.

Type of Violation: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Vehicle; On-Street Violation | <input type="checkbox"/> Vehicle; Off-Street Violation | <input type="checkbox"/> Junk/Junk Cars |
| <input type="checkbox"/> Dangerous Building | <input type="checkbox"/> Illegal Construction | <input type="checkbox"/> Zoning Violation |
| <input type="checkbox"/> Weeds and Grass over 12" high | <input type="checkbox"/> Noxious Weeds (identify) | <input type="checkbox"/> Trash/Garbage |
| <input type="checkbox"/> Other : _____ | | |

Alleged Violator Information:

Name: _____ Daytime Phone: _____
Address: _____ Evening Phone: _____
City, State, Zip: _____

Property Owner Information (if different from Alleged Violator):

Name: _____ Daytime Phone: _____
Address: _____ Evening Phone: _____
City, State, Zip: _____

Complainant Information:

Name: _____ Daytime Phone: _____
Address: _____ Evening Phone: _____
City, State, Zip: _____

Complainant Signature: _____ **Date:** _____

Use the back of this form to specifically address your concerns. Additional pages may be attached. Dated photographs are encouraged.

<p>OFFICE USE ONLY:</p> <p>DATE RECEIVED: _____ DATE OF INSPECTION: _____</p> <p>NAME OF COMPLAINANT CONTACT: _____</p> <p>NAME OF RESPONDENT CONTACT: _____</p> <p>ACTION TAKEN: _____</p> <p>_____</p> <p>_____</p> <p>RESULTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
