

CITY OF HARDIN COMMUNITY DECAY ORDINANCE

CITIZEN COMPLAINT

*This form must be completely filled out and signed
before it will be accepted.*

1. COMPLAINANT

Name _____

Address _____

Telephone _____

2. VIOLATION

Address of property in violation _____

Name of property owner _____

Name of occupant, if different from owner _____

3. COMPLAINT: Briefly describe the alleged violation, including a
description of the materials observed: _____

*I, the undersigned, hereby verify that the above information is true and correct
to the best of my knowledge.*

Complainant's signature