## NUISANCE COMPLAINT

Address where nuisance exists:	
Description of nuisance:	
How long has nuisance been present? F	rom to
Did you make any contact with the resid	lent(s) regarding the nuisance? Yes ( ) No ( )
If yes, please give details of contact.	
	Printed Name of Resident making complaint
	Timee Paine of Resident making complaint
	Signature
	Date of Complaint
the date of the complaint. You may mai Smiley Rd, Liberty, Missouri 64068, yo	ase sign anonymous on the signature line above and fill in all this complaint form to the City of Glenaire at 309 u may drop it off at the City's mailbox located just south uare one with City of Glenaire on the side) or you can uireMo.org
Do Not	Write Below This Line
Date complaint received by Clerk:	
Complaint investigated by:	
	t:
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:	