



**MISSOULA JUNK VEHICLE
CITIZEN COMPLAINT**

This form must be completely filled out before it will be accepted. If you are unsure for any section, please provide the best available information.

1. COMPLAINANT

Name _____ Date _____

Address _____ Phone _____

2. VIOLATION

Address of property in violation _____

Name of property owner _____

Address of property owner _____

Name of occupant, if different from owner _____

Complaint: Briefly describe the alleged violation, including a description of the junk vehicle(s) observed:

Visible from which public road: _____

How long has the junk vehicle(s) been there: _____

VERIFICATION

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

Date

Complainant's Signature

RETURN TO:
Jason White
Environmental Health Div.
301 W Alder/2nd Floor
Missoula, MT 59802