



**MISSOULA COMMUNITY DECAY ORDINANCE**  
**CITIZEN COMPLAINT**

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

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 materials observed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Visible from which public road: \_\_\_\_\_

How long has decay existed: \_\_\_\_\_

**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:**  
**Richard Corrigan**  
**Environmental Health Div.**  
**301 W Alder/2<sup>nd</sup> Floor**  
**Missoula, MT 59802**

