



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