

City of Auburn
NUISANCE ADMINISTRATIVE DUE PROCESS FORM

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Received by:

Signature

Date

Print Name:

For Employer Use Only – To be Completed Upon Receipt

Recipient of Complaint (print): _____

Date, Time and Manner (e.g. personal delivery, mailbox, etc.) of Receipt: _____

Notes: _____