

City of Auburn
NUISANCE COMPLAINT FORM

Describe the incident(s) including time(s), date(s) when the property had an adverse impact on your neighborhood. Please include as much detail as possible. Please attach any documentation or evidence you believe is relevant to the incident:

Identify all persons who witnessed or may have knowledge of the same or similar incident(s) occurring on the property

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

City of Auburn
NUISANCE COMPLAINT FORM

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: _____
