City of Bancroft Nuisance Complaint Form

| Complainant Name | | |
|--|----------------------|------------------------|
| Complainant Address | | |
| Day phone Evening/cell phone | | |
| Email Address | | |
| Location/Address of Complaint | | |
| Please describe in DETAIL the nature of your complaint (PLEASE PRINT OR WRITE LEGIBLY) | | |
| Building/Unsafe structure | Garbage | Weeds/Overgrowth |
| Junk Vehicles | Junk in yard | Right-of-way use |
| Offensive Smell | Stormwater / Run-off | Other (describe below) |
| Comments: | | J |
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| Every effort will be made to keep complainant information confidential. | | |
| Signature | Date | |
| PLEASE RETURN THIS FORM TO: | | |
| CITY OF BANCROFT | | |
| 105 E Ramsey PO BOX 157 Bancroft, IA 50517 | | |
| 515-885-2382 Fax 515-885-2383 | | |
| Office Use Only: Date Received: Received By: Ref No | | |