

**City of Chariton**

**115 South Main Street, Chariton, Iowa 50049**

**Phone 641-774-5991**

**Email: cityclerk@chariton.org**

Please complete the following information so that the City can properly assess and manage the issue and/or file an abatement notice to the property owner where the nuisance is located. Please print clearly.

Address of nuisance/issue: \_\_\_\_\_

Briefly state your issue/complaint/suggestion/idea: \_\_\_\_\_

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

When did the issue occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Did you talk to the offender? Yes \_\_\_\_\_ No \_\_\_\_\_ What did he/she say? \_\_\_\_\_

\_\_\_\_\_

**If Applicable PLEASE WORK WITH YOUR NEIGHBOR!**

Explain how you feel the issue should be resolved: \_\_\_\_\_

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

Should a citation be issued, will you be willing to testify to the above complaint in a Court of Law?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Would you like to attend a City Council meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Street and Mailing Address \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

All complaints must be signed and dated to be considered valid.

**Office Use Only:**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Addressed at Council Meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

Response to Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, When: \_\_\_\_\_ How: \_\_\_\_\_