

CITY OF CLARKSDALE, MISSOURI
NEW COMPLAINT NOTIFICATION & STATUS SHEET

COMPLAINT RE: _____

PROPERTY ADDRESS: _____

NAME OF OWNERS/OCCUPANTS _____

Owners _____

Address of Owner (if different from property address) :

DATE OF COMPLAINT: _____

NATURE OF COMPLAINT :

**NAME, ADDRESS, PHONE # , & SIGNATURE OF COMPLAINANT ARE
REQUIRED ON THE REVERSE SIDE OF THIS FORM FOR THE COMPLAINT
TO BE VALID. (This information will be kept confidential)**

Signing of this form verifies that the complainant **WILL TESTIFY** should the issue
have to be brought in front of the Municipal Court.

**RETURN THE COMPLETED AND SIGNED FORM TO THE CITY CLERK AT
CLARKSDALE CITY HALL.**

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CODE ENFORCEMENT USE:

Date complaint received _____

Action taken

Pictures taken _____ **Letter Sent** _____

Cleanup/Resolution deadline _____

Follow-up: _____

REQUIRED INFORMATION -

(this information is not released to owners or tenants of the above property. It may be released to the courts should this complaint go before the Municipal Court Judge)

Name of Complainant _____

Address of Complainant _____

Telephone # of Complainant _____

X _____

Signature of Complainant