

**RESIDENTIAL COMPLAINT FORM:**

**DATE:** \_\_\_\_\_

**PROPERTY OWNER: ( In Violation)**

\_\_\_\_\_

**PROPERTY ADDRESS: ( In Violation)**

\_\_\_\_\_

**BRIEF DESCRIPTION OF OFFENSE\VIOLATION:**

\_\_\_\_\_

\_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**\*\* PLEASE MAIL TO:**

**CITY OF WEST ALTON**

**P.O. BOX 42**

**West Alton, MO. 63386**