

Complaint # \_\_\_\_\_

## City of Tama General 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**



**Signage or Right-of-way use**



**Offensive Smell**



**Fence**



**Other (describe below)**

Comments:

*Every effort will be made to keep complainant information confidential*

Signature

Date

PLEASE RETURN THIS FORM TO:

CITY OF TAMA IA  
305 SIEGEL ST  
TAMA IA 52339

Office Use Only: Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Ref No. \_\_\_\_\_