



1025 31st St SE  
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# Planning Department

## Nuisance Complaint Form

Today's Date: \_\_\_\_\_ Date(s) Violation Observed: \_\_\_\_\_

### NON-COMPLIANT PROPERTY ADDRESS INFORMATION (Provide all known information)

Owner Name: \_\_\_\_\_

Owner Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Street Address : \_\_\_\_\_

### COMPLAINT FILE BY

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### TYPE OF OCCUPANCY

Residential       Commercial       Vacant Lot       Right of Way       Other

### PROBLEM DESCRIPTION (specific and detailed)

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

I certify that I am a resident of the City of Minot and all information provided herein is true and that by signing this form, all the information contained in this document, including your name, becomes part of a public record that the City of Minot, may be compelled by legal means to release at time of court proceedings.

Citizen's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>OFFICE USE ONLY</b></p> <p>Department of Jurisdiction: _____</p> <p>Ward: _____ Investigation Complete : <input type="checkbox"/>      Citizen Informed of Result: <input type="checkbox"/></p> <p>Ordinance Violation Section: _____</p> <p>City Official Signature: _____ Date: _____</p>
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*(Allow 10 business days minimum for investigation completion)*