



City of Moundsville Building Department

Property Maintenance

Complaint Form

Please print clearly, if we cannot read the form, we will not be able to pursue the complaint.

Date _____
Address of Complaint _____

Have you reported your Complaint Before? Yes No

If YES to whom or what Department _____ Date _____

Type of property: Owner/Occupied Rental Commercial

Specific details and location of the violation (Front porch, Side yard, etc.) _____

Type of Violation: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Vacant / Dilapidated | <input type="checkbox"/> No Building Permit | <input type="checkbox"/> Zoning Complaint |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Garage / Outbuilding | <input type="checkbox"/> Abandon Vehicles |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Plumbing / HVAC | <input type="checkbox"/> Trash / Debris |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Outside Storage | <input type="checkbox"/> High Grass & Weeds |
| <input type="checkbox"/> Camper / RV | <input type="checkbox"/> Continuous Yard Sale | <input type="checkbox"/> Rats, Roaches, Animals |
| <input type="checkbox"/> Other: _____ | | |

Complainants Information

PRIORITY WILL BE GIVEN TO COMPLAINTS WITH CONTACT INFORMATION

Name _____

Address _____

Phone _____

THE PERSON OR PERSONS FILING THIS COMPLAINT SHALL UNDERSTAND THAT BY SIGNING AND/OR ATTESTING TO THE INFORMATION CONTAINED HEREIN MAY BE ASKED AND/OR SUMMONED BY THE CITY OF MOUNDSVILLE TO PROVIDE TESTIMONY ON THE COMPLAINT. THE CITY OF MOUNDSVILLE DOES NOT GUARANTEE ANY RESULTS UPON PURSUANCE OF A COMPLAINT. THE BUILDING DEPARTMENT SHALL REVIEW THE ALLEGED COMPLAINT AND WILL DETERMINE HOW TO ADDRESS THE ALLEGED COMPLAINT AFTER REVIEW. PLEASE SIGN BELOW THAT YOU AGREE AND ATTEST THAT THE COMPLAINT DESCRIBED ABOVE IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

Signature _____

Permission granted to view subject property from your property located at _____ Yes No

FOR BUILDING DEPARTMENT USE ONLY

Date of Investigation _____ Building Official _____

Findings: Violation Exists Unfounded Complaint Referred to _____

Action Letter Issued 10 Day 15 Day 30 Day Date _____

Summons to Appear / Citation Date _____

Violation Resolved. Date _____