



City of Eldora  
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)

<input type="checkbox"/> Building/Unsafe structure	<input type="checkbox"/> Garbage	<input type="checkbox"/> Parking Vehicles in front yard
<input type="checkbox"/> Junk Vehicles	<input type="checkbox"/> Junk in yard	<input type="checkbox"/> Improper Right-Of-Way Use
<input type="checkbox"/> Offensive Smell	<input type="checkbox"/> Grass/Weed Overgrowth	<input type="checkbox"/> Other (describe below)

Comments:

Large empty box for handwritten or printed comments.

Are you willing to appear in court if needed? If NO, efforts will be made to keep complainant information confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM TO:  
CITY OF ELDORA  
CODE COMPLIANCE  
1442 WASHINGTON ST  
ELDORA, IA 50627  
641-939-2393/FAX: 641-939-7555

Office Use Only – Date Recv'd: \_\_\_\_\_ Recv'd By: \_\_\_\_\_ Reference No.: \_\_\_\_\_