

Buchanan County

411 Jules Street Room 204, Saint Joseph, Missouri 64501

Phone (816) 271-1429



VIOLATION COMPLAINT FORM

Name: _____ Phone: _____

Address: _____

Alleged violation: _____

Date of violation: _____

Address of violation: _____

Name of property owner: _____

Address of property owner: _____

Detailed description of alleged violation: (Please attach appropriate supporting documentation, photos, etc.)

I, the undersigned, hereby verify that the above information is true and correct to the best of my knowledge.

Owner/Agent signature

Date

THIS COMPLAINT FORM IS A PUBLIC RECORD