

**HOLYROOD KANSAS**  
***Citizen Complaint Form***

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Work (or cell) Number: \_\_\_\_\_

Violation Address: \_\_\_\_\_

Type of Complaint: (Check all that apply)

- |                                                 |                                           |
|-------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Inoperable Vehicle(s)  | <input type="checkbox"/> Litter           |
| <input type="checkbox"/> Animal Nuisance        | <input type="checkbox"/> Sewer/Drainage   |
| <input type="checkbox"/> Trash & Garbage        | <input type="checkbox"/> Tree(s)/Shrub(s) |
| <input type="checkbox"/> Weeds & Noxious Growth | <input type="checkbox"/> Care of Premises |
| <input type="checkbox"/> Other: _____           |                                           |

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of citizen making complaint: \_\_\_\_\_

Signature of city staff receiving/filling out complaint: \_\_\_\_\_