



Code Enforcement Complaint Form

339 Third St. • Excelsior, MN 55331
952-474-5233

COMPLAINT

Date: ____/____/____

Violation Address: _____

Owner of Property (if known) _____

Nature of Complaint (check one) Grass Snow Debris/Trash Signage Pests/Insects
 Parking Zoning Occupancy Permit Vehicle

Other _____

Description of Violation (if necessary): _____

Location (check one): Interior Exterior Front Yard Back Yard Side Yard Driveway/Street

REPORTING PARTY

Name: _____ Telephone: _____

Address: _____ Email: _____

Complainant Wishes to Remain Anonymous (check one) Yes No

If Necessary, May the Property Maintenance Inspectors Have Permission to Enter Your Property to View the Subject Violation? Yes No If Yes, Please sign: _____

Contact the Reporting Party After Inspection? Yes No

For Office Use Only

Date Received:	Action Taken:
Received By:	Comments:
Assigned To:	