

To Report A Nuisance Violation or Complaint/Problem in the City of Colfax, IA

Drop off at City Hall or
submit by mailing to:
19 E Howard
Colfax, IA 50054

Please complete the information below

Date submitted: _____

Complete Address of Location: _____

Name of Person Filing Complaint: _____

Your Address: _____ Phone No. _____

(You are not required to leave your name, address or telephone number).

(If you choose to do so, this information will be not be given out).

Nature of Problem (s): (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> potholes in street | <input type="checkbox"/> lumber, occup. Materials/outside storage |
| <input type="checkbox"/> weeds, growths to be cut | <input type="checkbox"/> trimming of trees/brush |
| <input type="checkbox"/> wood piles | <input type="checkbox"/> dead/dangerous trees/branches |
| <input type="checkbox"/> building code | <input type="checkbox"/> burning |
| <input type="checkbox"/> abandoned vehicle(s) | <input type="checkbox"/> sidewalk maintenance |
| <input type="checkbox"/> trash/recycling problems/questions | <input type="checkbox"/> remove snow/ice from sidewalks |
| <input type="checkbox"/> street light out | <input type="checkbox"/> structures in right of way |
| <input type="checkbox"/> inoperable condition of vehicle(s) | <input type="checkbox"/> trash/recycling problems/questions |
| <input type="checkbox"/> trash/recycle container location | <input type="checkbox"/> misc parking violations (explain below) |
| <input type="checkbox"/> obstruction of view | <input type="checkbox"/> OTHER (please specify below) |
| <input type="checkbox"/> old machinery, junk, etc. | |

Comments or Additional Information:

For Office Use Only: Date Received _____ By: _____

Submitted to: Public Works ___ Police Dept ___ Code Enforcement ___ City Hall ___

