



Municipal Nuisance Complaint

Note: Anonymous complaints will not be processed.

COMPLAINANT INFORMATION

Name _____

Address _____

City/St/Zip _____

Phone _____

E-mail _____

DATE _____

Signature X _____

LOCATION OF POTENTIAL VIOLATION

Address _____

Return Complaint Form To:

The City Of Mount Carmel

631 N Market Street

Mount Carmel, Illinois 62863

DESCRIPTION OF COMPLAINT (attach additional page(s) if necessary)

FOR OFFICE STAFF USE ONLY ▼

Date Received _____ COMPLAINT NO. _____

Complaint Follow up Date: _____ Was Violation Observed: _____

If Violation Present:

Violation Letter Sent Date _____ Explanation _____
