

City of Virginia

PROPERTY MAINTENANCE COMPLAINT FORM

The City will not process complaint without contact information of complainant. This information will allow us to follow up with you as to the status of the case. MN Statute 13.44 states that complainant information shall be kept confidential unless the complaint will be heard at the St. Louis County District Court.

COMPLAINANT NAME:			DATE:
COMPLAINANT ADDRESS:			
CITY:	STATE:	ZIP	PHONE:
EMAIL:			CELL PHONE:

COMPLAINT INFORMATION	
STREET ADDRESS OF COMPLAINT OR VIOLATION:	
SPECIFIC LOCATION (front yard, back yard, boulevard, etc.):	
COMPLAINT TYPE: (Check all that Apply)	
EXTERIOR <input type="checkbox"/> Long grass/weeds (in excess of 6" tall) <input type="checkbox"/> Motor vehicles (unlicensed, unregistered, inoperable) <input type="checkbox"/> Exterior maintenance (conditions of structures including fences & garages) <input type="checkbox"/> Junk & debris <input type="checkbox"/> Open Access/Unsecured Windows & Doors <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Other Exterior Complaint (Please Describe Below)	INTERIOR <input type="checkbox"/> Heating System Concerns/Issues <input type="checkbox"/> Water-Plumbing Concerns/Issues <input type="checkbox"/> Electrical Concerns/Issues <input type="checkbox"/> No Utilities (No Heat, Water or Power) <input type="checkbox"/> Structural Issue (Foundation, Basement, Footings, etc.) <input type="checkbox"/> Fire Code Violation and/or Complaint <input type="checkbox"/> Other Interior Complaint (Please Describe Below)
EXPLAIN COMPLAINT: (please describe in detail, use another sheet if needed)	
IS ANYONE IN DANGER? <input type="checkbox"/> YES <input type="checkbox"/> NO Please Describe:	
IF THIS IS A NEIGHBORING PROPERTY, DO WE HAVE PERMISSION TO VIEW SUBJECT PROPERTY FROM YOUR PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF PROPERTY: <input type="checkbox"/> Owner/occupied <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Vacant <input type="checkbox"/> Unknown	
USE OF PROPERTY: <input type="checkbox"/> Single-family <input type="checkbox"/> Multi-family <input type="checkbox"/> Duplex-Two-family <input type="checkbox"/> Unknown	HOW LONG HAS THIS BEEN GOING ON?

PROPERTY OWNER/LANDLORD INFORMATION			
PROPERTY OWNER (LANDLORD) NAME:		OWNER/LANDLORD PHONE NO:	
OWNER ADDRESS:	CITY:	STATE:	ZIP:
OWNER RELATIONSHIP TO YOU, IF ANY:			
HAVE YOU OR ANOTHER PARTY ADDRESSED THIS COMPLAINT WITH THE PROPERTY OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when, and have any improvements been made?			

Complainant Signature

Printed Name

Date

**ALL COMPLAINTS ABOUT REAL PROPERTY MUST BE SUBMITTED IN WRITING.
SUBMIT YOUR COMPLAINT ONE OF THE FOLLOWING WAYS:**

SUBMIT ONLINE by email to: blight@virginiamn.us

FAX: 218-749-3580

PRINT & MAIL OR COMPLETE FORM IN PERSON: *City of Virginia Attention: Code Official 327 First Street South Virginia MN 55792*

FOR OFFICE USE ONLY			
PID#	DATE RECEIVED:	DATE ADDRESSED WITH PROPERTY OWNER:	
RECEIVED BY:	INSPECTION DATE:		
OWNERS ADDRESS: (IF DIFFERENT FROM ABOVE)		OWNERS PHONE:	