

CITY OF BOSSIER CITY
DEPARTMENT OF PROPERTY STANDARDS
COMPLAINT FORM

620 Benton Road P.O. Box 5337 Phone 741-8578
Bossier City, Louisiana 71111

COMPLAINANT INFORMATION:

NAME _____
ADDRESS _____
CITY _____
STATE/ZIP _____
PHONE _____

EXACT ADDRESS OF PROBLEM PROPERTY (REQUIRED, MUST BE SPECIFIC ADDRESS)

NUMBER _____
STREET _____
SUBDIVISION _____
OWNERS'S NAME IF AVAILABLE _____

**If the problem is located in a vacant lot, please give us a detailed description. For example, the lot located on the corner of such address or in between such address.

TYPE OF COMPLAINT:

- WEEDS & GRASS
- INOPERATIVE VEHICLES
- JUNK, DEBRIS, ETC.
- DILAPIDATED STRICTURE
- OTHER

FOR OFFICE USE ONLY

ACTION TAKEN: _____

VIOLATIONS: _____

Letter to Owner yes no Date

INVALID COMPLAINT