

MINNEHAHA COUNTY COMPLAINT FORM

Minnehaha County Planning Department
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Note: Any field marked with a Red Asterisk (*) are required in order to submit the form.

CODE ENFORCEMENT COMPLAINT

Complainant:

* Date:

Address:

City:

Phone Number:

I wish to remain anonymous:

E-Mail Address:

Would you like the Code Enforcement Officer to contact you? Yes No

LOCATION OF VIOLATION

Name of Property Owner (if known):

* Address:

* Nearest City/Town/Community:

MPID #:

How long has this situation been observed?

* TYPE OF VIOLATION		ADDRESSING <input type="checkbox"/>
ZONING <input type="checkbox"/>	NUISANCE <input type="checkbox"/>	SUBDIVISION <input type="checkbox"/>
DRAINAGE <input type="checkbox"/>	SEPTIC <input type="checkbox"/>	OTHER <input type="checkbox"/>

*** Briefly describe the nature of the complaint:**

Submit

Clear

FOR INTERNAL USE ONLY

Complaint Received By:

Date:

Time:

File Number: