



**PROPERTY COMPLAINT FORM**  
**CITY of CAPE GIRARDEAU**

COMMUNITY DEVELOPMENT DEPARTMENT, 44 N LORIMIER ST, CAPE GIRARDEAU, MO 63701 (573) 339-6327 (OPTION #4)

Property Maintenance

Rental Requirements

Zoning/Building

**\* Required information**

**\* Address/Location of Complaint**

<b>Complainant Name</b>			<b>Property Operator Name</b>		
Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Telephone			Telephone		
Email			Email		

**\* Violations: Describe in detail – attach another sheet if needed**

**Has operator been contacted? If yes, when and how?**

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Date of Inspection \_\_\_\_\_ Violation(s) Observed (y) (n)

Date Operator Notified: \_\_\_\_\_ Notification Method \_\_\_\_\_

Date Re-Inspected \_\_\_\_\_ Corrected (y) (n)

**CASE #** \_\_\_\_\_