

City of Bethany
Office of Code Enforcement

206 North 16th Street, PO Box 344
Bethany, Missouri 64424

Property Complaint Form

Contact Information

Date: _____ Name: _____

Phone: _____ Address: _____

Complaint Information

Location of Complaint: _____

Owner/Manager Name: _____

Owner/Manager Address: _____

Do you reside at this location? ____ Currently ____ Previously ____ Never

Have you contacted the Landlord, owner, or responsible party? _____

If so, when were they notified? _____

Has the Landlord, owner, or responsible party attempted to solve the problem? _____

Do you have documentation of the Problem? _____

(Please include any photographs, letters, etc. when submitting this document)

Type of Complaint(s): Electrical Plumbing Sanitation
 Structural Fire Safety Occupancy Other

Please list your concerns in detail: _____

Signature of complainant