City of Waconia

ZONING CODE COMPLAINT FORM

If you wish to register a formal complaint with the City, please complete this form and return it to the front desk so that an inspection may be conducted. If you wish to discuss this matter, you may ask for the Planning Department staff.

DATE REPORTED: _____

ADDRESS OF VIOLATION:

_____

_____ **Date Resolved**

_____ **Staff Initials**

OWNER'S NAME:

DESCRIPTION(S) OF COMPLAINT - Please mark the box(es)that pertain to your concern and details below:

☐ **Parking Area** (please specify)

☐ **Junk/Inoperable Vehicle** (expired tabs, flat tire, etc.)

☐ **Trash on Property/ No Garbage service**

☐ **Outside Storage of Items**

☐ **Tall Grass/Noxious Weeds**

☐ **Other** (please specify)

_____

_____

_____

Please note: ***According to Minnesota State Statute 13.44, "the identities of individuals who register complaints with State agencies of political subdivisions concerning violations of State Law or local ordinances concerning the use of real property are classified as confidential data, pursuant to section 13.02, Subdivision 2.***

COMPLAINANT'S INFORMATION – The person reporting the complaint:

NAME: _____

ADDRESS: _____

PHONE # OR EMAIL: _____

DOES CITY STAFF HAVE PERMISSION TO ACCESS YOUR PROPERTY TO INSPECT THE COMPLAINT REPORTED?

NO ☐ **YES** ☐ **If "yes" please provide access/viewing details below.**

_____

_____

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