

Town of Fayal

Blight Complaint Form

Date: _____

Complainant name: _____

Complainant address: _____

Email: _____ Phone: _____ Cell: _____

This information allows us to follow up with you as to the status of the case. The information will be kept confidential unless the complaint will be heard at the St. Louis County District Court Level.

Address of complaint: _____

Specific location: _____

Complaint type (Check all that apply):

- Long grass/weeds (in excess of 8' tall)
- Junk automobiles/junk equipment (unlicensed, unregistered, inoperable)
- Junk and debris
- Garbage
- Exterior maintenance
- Exterior structure and accessory structure condition
- Vacated structure and vacant property condition
- Excessive/unreasonable amounts of hazardous or flammable material storage

Explain complaint: _____

Has this complaint been addressed with the property owner? ____ Yes ____ No

If yes, when and have any improvements been made? _____

Forms can be returned via mail or in person to Town of Fayal 4375 Shady Lane, Eveleth MN 55734 or emailed to fayaltownship@mchsi.com

Date _____ (To be completed by the Town of Fayal)
Received by _____

Follow-up:

