

**CITY OF BIXBY
PUBLIC NUISANCE ABATEMENT COMPLAINT FORM**

Location/Address of Property: _____

Nuisances Present

Tall grass or weeds _____ Trash or Debris _____ Appliances _____
Vehicles _____ Unsafe Structure _____ Other-list below _____
Other: _____

Remarks: _____

Complainant's Name: _____

Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Complainant's Signature: _____ Date: _____

For City of Bixby's use only

Field check photo taken on: ___/___/___ Time: ___:___m. File # _____

Legal Description: _____

Owner's Name: _____ Called Assessor: ___/___/___

Address: _____ Assessor's Printout: ___/___/___

City: _____ State: _____ Zip Code: _____

Tulsa County I.D. # : _____

Comments: _____

Next Council Date: ___/___/___ Went to Council on: ___/___/___ Date Posted: ___/___/___
Certified Letter Sent: ___/___/___ Article # : _____ Date Delivered: ___/___/___
Recheck Date: ___/___/___ Rechecked By: _____ Corrected: __ yes __ no
Second Letter Sent: ___/___/___ Article # : _____ Date Delivered: ___/___/___
Recheck Date: ___/___/___ Rechecked By: _____ Corrected: __ yes __ no
Previous Complaints: _____

