

City of Harrison, Arkansas
Clean Premises Violation
----- **Complaint Form** -----

Date: _____

Name of Complainant: _____

Address of Complainant: _____

Phone: _____

Describe the Complaint: _____

Street Address of Property: _____

Lot & Block Number of vacant Property: _____

Property Owner: _____

Mailing Address (if known): _____

Subdivision Name: _____

Please Check all that Apply:

- Vacant Lot
- Vacant House
- Occupied Residence
- Other: _____

- Rental Property
- Renter's Name: _____
- _____

Note: Complaint form must be completed in full (with as much information as possible) and returned to the Mayor's Office before any action can be taken.

Signature of Complainant: _____