NUISANCE ABATEMENT COMPLAINT FORM

Lafourche Parish Government
Attn: Department of Solid Waste
P.O. Box 425
Mathews, LA 70375

PH # 1-800-794-3160 Fax # 985-532-8155

(Check One or More)
Tall Grass □ Junk □ Derelict Structure □ Abandoned Vehicle/Vessel □

DATE: ______________________ Complaint # ______________________

COMPLAINANT
NAME: ____________________________________________________________

ADDRESS: ________________________________________________________

PHONE NUMBER: ___________________________________________________

PROPERTY OWNERS
NAME: ___________________________________________________________

ADDRESS: (IF KNOWN): ______________________________________________

PHONE NUMBER (IF KNOWN): _________________________________________

PHYSICAL LOCATION OF PROPERTY: ________________________________

SUBDIVISION
NAME: ____________________________________________________________

DESCRIPTION OF COMPLAINT (Please explain your complaint in detail and provide as much information as possible about the property you are filing a complaint against. Use the back of this form if additional space is required and attach any pictures if available.)

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SIGNATURE OF COMPLAINANT

SIGNATURE OF PARISH REPRESENTATIVE