

PETITION
City of Monroe
300 W. Crowell Street
Monroe NC 28112

FOR OFFICE USE:
Verification of Residency:
By Whom: _____
Date: _____
Method:
Phone Book: _____
Other: _____

Date: _____

TO: CITY OF MONROE CODE ENFORCEMENT DIVISION

The undersigned hereby respectfully charge that the structure, dwelling, or dwelling unit located at _____ is unsafe and unsanitary for human habitation because of the conditions shown on Exhibit A, attached hereto and incorporated herein by reference and ask that an investigation be made by the City of Monroe's Code Enforcement Division as provided for in the City's minimum housing standards, Chapter 153.

For this petition to be valid, it must be signed by a public authority, OR five (5) residents of the City of Monroe's jurisdiction.

All signatures and residency must be verified for this petition to be valid.

A. Public Authority

Occupant of Dwelling

(Signature)

(Signature)

(Agency)

(Address)

(Telephone Number)

(Telephone Number)

B. City of Monroe Residents

I hereby certify by signing below that I am a current resident of the City of Monroe and a party to the referenced petition. I authorize the city to verify my residence in Monroe.

1. _____
(Signature)

3. _____
(Signature)

(Address)

(Address)

(Telephone Number)

(Telephone Number)

No. of Years Resident: _____

No. of Years Resident: _____

2. _____
(Signature)

4. _____
(Signature)

(Address)

(Address)

(Telephone Number)

(Telephone Number)

No. of Years Resident: _____

No. of Years Resident: _____

FORM #1

5. _____
(Signature)

(Address)

(Telephone Number)

No. of Years Resident: _____
Rev. 09/99

6. _____
(Signature)

(Address)

(Telephone Number)

No. of Years Resident: _____

BRIEFLY DESCRIBE THE CONDITIONS YOU FEEL NEED TO BE ADDRESSED BY THIS PETITION.

