



# Emporia Fire Department

Date Submitted \_\_\_\_\_

## Vacant Building Complaint

Address of building:
Name of Owner(If known):
Complete Address of Owner:
Reporting Person's Name and Phone Number:
Reporting Person's Address:

Is the building commercial or residential?

Commercial \_\_\_\_\_ Residential \_\_\_\_\_

Is there signage actively marketing the building as for *rent*?

Yes \_\_\_\_\_ No \_\_\_\_\_

How long do you suspect the building has been vacant? (Years and months) \_\_\_\_\_

Is the building unsecured? (Does it have open, missing, or broken doors or windows?)

Yes \_\_\_\_\_ No \_\_\_\_\_

Has the building degraded to the point of causing neighborhood blight?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has the building degraded to the point that it creates an unsafe condition for the neighborhood and community at large?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Reporting Person's Signature and date:** \_\_\_\_\_

Date Received \_\_\_\_\_