



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_____