

HARRISBURG DEPARTMENT OF PUBLIC SAFETY
ABANDONED MOBILE HOME COMPLAINT

No. _____

COMPLAINANT'S REPORT

RECEIVED BY(ID#): _____

COMPLAINANT: _____

ADDRESS: _____ TELEPHONE #: _____

DATE REPORTED: _____ TIME REPORTED: _____

LOCATION OF NUISANCE: _____

PARKING CONTROL OFFICER'S INITIAL REPORT

DATE OFFICER RECEIVED REPORT: _____ IS MOBILE HOME(S) DAMAGED
TO 50% OF ITS VALUE: YES ___ NO ___

COMMONLY KNOWN ADDRESS: _____
(NOTE: ATTACH LEGAL DESCRIPTION TO THIS REPORT)

OWNERS NAME(from tax records): _____

OWNER'S MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____ TELEPHONE #: _____

OWNER CONTACTED: YES ___ NO ___ DATE CONTACTED: _____

WILL OWNER CORRECT VIOLATION: YES ___ NO ___ DATE TO BE CORRECTED: _____

PARKING CONTROL OFFICERS FOLLOW-UP REPORT

DATE: _____ TIME: _____ VIOLATION CORRECTED: YES ___ NO ___

WRITTEN NOTIFICATION DATE CITY CLERK NOTIFIED OF VIOLATION: _____
DATE OF HEARING: _____

DATE OWNER NOTIFIED OF HEARING: _____ PER. SER. _____, CERT. MAIL ___ OR PUBLISHED & POSTED ___

DATE VIOLATION MUST BE REMOVED OR REPAIRED: _____ CORRECTED: YES ___ NO ___
(NOTE: 20 DAYS FROM RECEIPT OF NOTICE)

REMOVAL PROCESS DATE PETITION FOR DEMOLITON FILE: _____ CASE #: -CH- _____

DATE SUMMONS SERVED: _____ SERVED BY: _____
if violator can not be served

DATE PUBLIC NOTICE PUBLISHED: _____ DATE DEMOLITION ORDER ISSUED: _____

REMOVAL TO BE DONE BY: _____

COST OF REMOVAL: _____ DATE NOTICE OF COST OF REMOVAL SENT: _____

DATE LIEN FILED: _____ DATE LIEN PAID: _____

DATE RELEASE OF LIEN SENT TO OWNER: _____ MAILED BY: _____

DATE TURNED OVER TO CITY ATTORNEY FOR FORECLOSURE PROCEEDINGS: _____

NOTE: COPIES OF ALL WRITTEN NOTICES AND COURT PAPERS MUST BE PLACED IN THE CASE
FOLDER.