



MATANUSKA-SUSITNA BOROUGH  
 350 East Dahlia Avenue, Palmer, Alaska 99645  
**Code Compliance Division**  
 (907) 861-7822 Fax (907) 861-7876  
 E-mail: [ccb@matsugov.us](mailto:ccb@matsugov.us)

**COMPLAINT FORM**

Name: \_\_\_\_\_ Email (optional): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone (optional) \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Are you willing to provide testimony in court regarding this complaint? Yes \_\_\_ No \_\_\_

*Please fill out completely; attach additional pages if needed.*

**Complaint topic:**

Fireworks  Noise/Vibration  Setbacks  Junk & Trash  Other: \_\_\_\_\_

**Location of the property where the possible violation exists.** *(If you do not know the address please provide owners name or directions to property)*

Street address \_\_\_\_\_

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

MSB Tax Account # \_\_\_\_\_

**Property Owner or Person causing violation:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please provide a detailed narrative describing the possible violation:** *(surveys, photos, video tapes or other documentation of the possible violation and a description of what has been provided)*

*I make this statement freely and voluntarily to the Matanuska-Susitna Borough Code Compliance Office.  
 I swear or affirm that this statement is true and correct to the best of my knowledge.*

**What date/time did you first notice the possible violation?** Date: \_\_\_\_\_ Time \_\_\_\_\_ am /pm

Description of violation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_