

Form # 1

PETITION
City of Dunn
Inspections Department
102 N. Powell Avenue
Dunn, NC 28334

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

Date: _____

TO: CITY OF DUNN 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 Dunn's Code Enforcement Division as provided for in the City's Minimum Housing standards, Section 4-31-and Rental Housing Code Section 4-39.

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

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 Dunn Residents

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

1. _____
(Signature)

2. _____
(Signature)

(Address)

(Address)

(Telephone Number)

(Telephone Number)

No. of Years Resident _____

No. of Years Resident: _____

3. _____
(Signature)

(Address)

(Telephone Number)

No. of Years Resident: _____

4. _____
(Signature)

(Address)

(Telephone Number)

No. of Years Resident: _____

5. _____
(Signature)

(Address)

(Telephone Number)

No of Years Resident: _____

6. _____
(Signature)

(Address)

(Telephone Number)

No. of Years Resident: _____

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