



# TALL GRASS/OVERGROWTH COMPLAINT FORM

## Building & Housing Department

Please email form to [grasscomplaints@mapleheightsohio.com](mailto:grasscomplaints@mapleheightsohio.com)

Date: \_\_\_\_\_

Complainant Name/Address (Optional)
Name: _____
Address: _____
Phone: _____

The following information is required to be filled out and submitted to initiate the property review. The property grass/weeds condition must be in violation of Ordinance Section 660.15 WEED AND GRASS CONTROL and/or Ordinance Section 660.17 MAINTENANCE OF TREE LAWNS.

Complaint Address Description (Required)
(Please provide exact address/parcel/exact location of the complaint)
Address: _____
Description of Concerns with this property:
_____
_____
_____
_____

*Due to the high volume of complaints received, a scheduled site inspection will be conducted as soon as possible. Complaint properties are provided a 48-hour warning to gain compliance with the ordinance(s). If found non-compliant the property will be cut for a minimum fee of at least \$150 per cut per parcel billable to the property owner.*