



CITY OF NAPOLEON – Building & Zoning Division
255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545
Phone: 419-592-4010 - Fax: 419-599-8393

BUILDING & ZONING May 12, 2004
DIVISION

Zoning Administrator
Building Commissioner
Brent N. Damman

Current Resident
234 E. Clinton St.
Napoleon, Ohio 43545

Subject: Nuisance lawn @ 234 E. Clinton St. Napoleon, Ohio.

Dear Property Owner/Caretaker

The City of Napoleon has received complaints regarding tall weeds & grass at the subject location.

This letter is to inform you that the condition of your property constitutes a violation of the City of Napoleon Property Maintenance Code section PM303.4. You are hereby ordered to cut and destroy all weeds and tall grasses and remove all yard waste from the premises.

In the event you do not comply with this notice within three (3) days of receipt proceeding may be taken against you.

In addition to the aforementioned, if you do not comply, the City of Napoleon will employ the necessary labor and equipment to perform such task and the cost of said will be assessed to you. It would be in your best interest to perform the work under your control.

If you have questions regarding this notice, please call.

Sincerely

Brent N. Damman
Zoning Administrator

lawn was cut on 5-17-04

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Current Resident
234. E. Clinton St.
Napoleon, OH 43545

2. Article Number
(Transfer from service label)

7002 0860 0003 9285 7030

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1

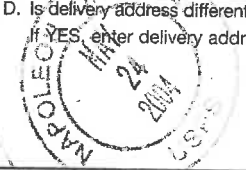
COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Brenda L Davis Agent Address

B. Received by (Printed Name)
BRENDA L DAVIS

C. Date of Delivery
5-24-04

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:



3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

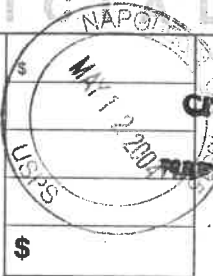
OFFICIAL USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

7002 0860 0003 9285 7030

Sent To
Current Resident
 Street, Apt. No.; or PO Box No. 234 E. Clinton St.
 City, State, ZIP+4 Napoleon, OH 43545

PS Form 3800, April 2001 See Reverse for Instructions



CITY OF NAPOLEON
P.O. BOX 101
Here
NAPOLEON, OH 43545

Brent

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Brenda Davis
234 E. Clinton St.
Napoleon, Ohio 43545

2. Article Number
(Transfer from service label)

7002 0860 0003 9285 8471

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Brenda Davis Agent Address

B. Received by (Printed Name)
BRENDA DAVIS

C. Date of Delivery
7-18

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes