



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
DIVISION** August 20, 2003

Zoning Administrator
Building Commissioner
Brent N. Damman

Mrs. Mary Lou VanAusdale
P-895 Co Rd. 16
Napoleon, Oh 43545

Re. Garbage at 217 & 219 W. Washington Street

Dear Mrs. VanAusdale

Notice

We have received complaints regarding garbage, at the subject location. Please be advised you are in violation of City Property Maintenance Code section 306.1 that prohibits accumulation of rubbish or garbage. You are hereby ordered to remove all garbage within 5 days of receipt of this letter. In the event you do not comply with this order as specified, we will take proceeding against you. Such proceeding could include by not be limited to a \$100.00 per day fine, for each day the violation continues.

If you have any questions regarding this notice please call me at (419) 592-1010.

Sincerely,


Brent N. Damman
Zoning Administrator
tjk

COMPLETED

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

7375 9285 2003 0860 0003 2002

OFFICIAL USE

Postage	\$ 3.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

OFFICIAL USE
 NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

Sent To Mrs. Mary Lou VanAusdale
 Street, Apt. No.; P-895 Corral 10
 or PO Box No.
 City, State ZIP+4[®] Napawon, OH 43545
 PS Form 3800, April 2002 See Reverse for Instructions

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:

Mrs. Mary Lou VanAusdale
 P-895 Corral 10
 Napawon, OH 43545

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Mary Lou VanAusdale Address

B. Received by (Printed Name) Date of Delivery
Mary Lou VanAusdale *8/21/01*

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7002 0860 0003 9285 7375

PS Form 3811, August 2001

Domestic Return Receipt