

STATE OF INDIANA)
)SS:
COUNTY OF MONROE)

RECEIVED
AUG 24 2017
BY:

AFFIDAVIT

I, Leslie Dixon state under oath, that,

1. I live at _____, Bloomington, Indiana _____;

2. I own or manage the property located at: 1209 N. Grant St.;

3. On the 11 day of Aug, 2017, I determined that a person, whose name is noted at the end of this paragraph, threw, placed, or scattered garbage, rubbish, trash or other refuse in a dumpster which is located over or upon the property noted in paragraph two (2) above:

1225 Fee Ln (printed name of person);

4. I believe the person noted in paragraph three (3) above has violated Bloomington Municipal Code Section 6.06.010. Below is a description of the evidence I have, or the events I witnessed and/or discovered, that I believe supports the assertion that a violation of the municipal code occurred:

1 Piece of A pizza box with
address -1225 Fee Ln + phone #
317-362-4901

5. I declare under penalty of perjury that all statements of fact made above, and in any additional pages attached, are true and accurate;

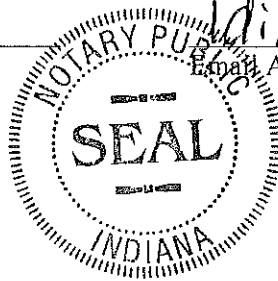
6. I understand that by completing this affidavit the City of Bloomington may issue the person noted in paragraph three (3) above a Warning or a Notice of Violation. I further understand that if said person is issued a Notice of Violation he/she will have the right to file certain appeals. In the event said person files an appeal, whether it be to a Board of the City and/or the Monroe County Circuit Court, I understand and agree that I will make myself available to the City of Bloomington's Legal Department to testify, under oath, to the statements I have made in this Affidavit.

8/28/17
Date

L Dixon
Affiant

812-333-9579
Phone Number of Affiant

dixon@grant.props.com
Email Address of Affiant



STATE OF INDIANA)
)SS:
COUNTY OF MONORE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 28th day of AUGUST, 2007.

Daniel Bickler
Notary Public's Name

Daniel Bickler
Signature of Notary Public

My Commission Expires:
4/9/23