



REQUEST FOR CODE COMPLIANCE SERVICES

COMPLAINANT INFORMATION: *Your request for services cannot be processed without this information. Anonymous complaints will not be accepted. (Please Print)*

Date _____ E-Mail: _____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone No.: _____

Signature: _____

VIOLATION INFORMATION: *Submittal of this complaint form requires either a valid street address or apn number to process. Incomplete forms will not be accepted*

Address or assessor parcel number of violation: _____

Description of the violation: _____

Use back of this form for any additional comments. Thank you.

OFFICE USE ONLY

Code Compliance Case # _____

Date of Inspection: _____

In Violation? Yes No (Circle One)

Findings: _____

Nuisance _____ or Non-Nuisance _____