LOCATION OF VIOLATION:  *(This information and any attachments are public information)*

ADDRESS: __________________________________________________________________________________________

DIRECTIONS: _______________________________________________________________________________________

ASSESSOR’S PARCEL NUMBER *(RECOMMENDED)*: ____________________________________________________

PROPERTY OWNER(S): _______________________________________________________________________________

DETAILS OF COMPLAINT:  A separate complaint form and map is required for each individual parcel. Please be specific in all details of this complaint. Include dates, time of day, special conditions, etc. to describe the code violation.

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Please provide complete information including directions to locate the property. A map is recommended to be drawn and attached to the back of this form.

Once the form is complete, please return to the address at the top of this form.

Case Number: __________________________
Citizen Complaint: ____ County Referral: ____ Other: ____ Received By: __________________________ Date: ________________

**NOTE:** This complaint will not be accepted unless you provide the following information and a signature. *(This section of information will be kept confidential except by court order.)*

Your Name (Print or Type) __________________________________________________________________________

Address: ___________________________________________ Phone: ___________________ Work Phone: ______________

I declare under penalty of perjury that the information above is true and correct to the best of my knowledge.

Signature ____________________________ Date __________________________

Case Number: ______________