



# DEPARTMENT OF RESOURCE MANAGEMENT

## Building Division

1855 Placer Street, Suite 102

Redding, California 96001

Phone: (530) 225-5761 Fax: (530) 245-6468

Inspection Request Line: (530) 244-5068

Web: [building.co.shasta.ca.us](http://building.co.shasta.ca.us) Email: [resourcemanagement@co.shasta.ca.us](mailto:resourcemanagement@co.shasta.ca.us)

### CODE VIOLATION COMPLAINT

(Rev: 11-20-17)

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: \_\_\_\_\_

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**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:** \_\_\_\_\_

MAP

