

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT

CODE VIOLATION COMPLAINT

LOCATION OF VIOLATION:

ADDRESS: _____

DIRECTIONS: _____

ASSESSOR PARCEL NUMBER: **(REQUIRED)** _____

PROPERTY OWNERS: _____

DETAILS OF COMPLAINT: Please be specific in all details of this complaint. Include dates, time of day, special conditions, etc. to describe the code violation.

(If additional space is needed, please use the back of this form.)

For Office Use Only

Case Number: _____

Citizen Complaint: ____ County Referral: ____ Other: ____ Received By: _____ Date: _____

✂ ***** ✂

Case Number: _____

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

Your Name (Print or Type) _____

Address: _____ Home Phone: _____ Work Phone: _____

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

Signature _____ Date _____

The attached complaint form must be **COMPLETELY** filled out, **including Assessor's Parcel Number**, in order for this office to process your complaint.

Adequate directions to locate the property **must** be provided. If necessary, please draw a map on the back of the complaint form.

If you need assistance with the Assessor's Parcel Number, you may contact the Shasta County Assessor's Office in the Shasta County Administration Center at 1450 Court Street, Suite 208-A, Redding, **or**, if the property is within the city limits, you may contact the appropriate Planning Department.

After the form has been completely filled out, please return to:

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
ENVIRONMENTAL HEALTH DIVISION
1855 PLACER STREET, SUITE 201
REDDING CA 96001