

CODE COMPLIANCE INVESTIGATION REQUEST

- All requests are confidential and requester information is destroyed at the conclusion of a case.
- In order for the City to process this request, requester must provide all information in section 1 below.
- The City will not process or respond to anonymous requests.

PLEASE PRINT CLEARLY

SECTION 1 - TO BE COMPLETED BY REQUESTER

LOCATION OF REQUEST

Subject address:

Location on subject property:

NATURE OF REQUEST

(Check boxes and describe below)

- | | | |
|--|--|--|
| <input type="checkbox"/> Unsanitary / unsafe property | <input type="checkbox"/> Building code violation (work without permit, etc.) | <input type="checkbox"/> Hazardous obstruction |
| <input type="checkbox"/> Trash, junk, debris | <input type="checkbox"/> Substandard housing conditions | <input type="checkbox"/> Zoning violation |
| <input type="checkbox"/> Overgrown and/or piles of vegetation | <input type="checkbox"/> Deteriorated, dangerous, unsafe building(s) | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Abandoned / inoperative vehicles | <input type="checkbox"/> Improper or unapproved use or occupancy | <input type="checkbox"/> Polluted water |
| <input type="checkbox"/> Environmental (sewage, chemicals, etc.) | <input type="checkbox"/> Encroachment in public right of way | <input type="checkbox"/> Other |

Description of issue(s) noted above - if necessary, write and/or draw a map on other side; attach additional page(s):

REQUESTER INFORMATION

Name:

Address:

City, State, Zip:

Phone (with area code): Home:

Work:

Cell:

E-mail address:

Signature of requester:

Date:

SECTION 2 - FOR CITY USE ONLY

Receive date:

Receive time:

AM PM

Case #:

Received by (staff / print):

Initial:

Method received:

Mail

In person

Fax

Referred to (Dept. / Agency):

PROPERTY AND OWNER

Owner:

APN:

Zoning:

Phone:

Address:

City, State, Zip:

Other / Comments:

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