



CODE COMPLIANCE COMPLAINT FORM

Date: _____ APN#: _____ Case#: _____

Address of Violation: _____ Zoned: _____

Property Owner: _____

Address: _____ Phone #: _____

BUSINESS IN VIOLATION

Business Name: _____ Phone #: _____

Business Owner: _____

Mailing Address: _____

REPORTING PARTY

Name: _____ Phone #: _____

Address: _____ Email: _____



DESCRIPTION OF VIOLATION

Other Contacts/Comments: _____

ACTION TAKEN:

No Violation	{ }	Date: _____
Contact Made with Owner	{ }	Date: _____
Pre-Citation Issued	{ }	Date: _____
Citation Issued	{ }	Date: _____
Notice and Order Sent	{ }	Date: _____
Hearing Date Set	{ }	Date: _____
Case Closed	{ }	Date: _____