

120 WEST FIR STREET • FORT BRAGG • CA • 95437

## **CODE VIOLATION COMPLAINT**

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Referred by:

| County D                                                                                                                                                                                                                                                                 | ept.    | Other Agency | Public | CASE #:        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------|--------|----------------|
| * In order for Code Enforcement to investigate potential violations, the subject property address and/or parcel number must be  Property Owner Name:  SUBJECT                                                                                                            |         |              |        |                |
| SUBJECT<br>PROPERTY<br>INFO                                                                                                                                                                                                                                              | Site A  |              |        |                |
|                                                                                                                                                                                                                                                                          | APN     | <br>l:       |        | Owner Phone #: |
| DESCRIPTION OF COMPLAINT:                                                                                                                                                                                                                                                |         |              |        |                |
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| COMPLAINANT INFO:                                                                                                                                                                                                                                                        |         |              |        |                |
| CONFIDENTIALITY: Every effort will be made to keep the complainants identity confidential within the limits of existing laws.  Please check box if you would like to be notified of the results and check an appropriate box below on how you would like to be notified. |         |              |        |                |
|                                                                                                                                                                                                                                                                          |         |              |        | •              |
| by phone S                                                                                                                                                                                                                                                               | Signatu | ıre:         |        | Date:          |
| in person Residence Address:                                                                                                                                                                                                                                             |         |              |        |                |
| by mail Mailing Address:                                                                                                                                                                                                                                                 |         |              |        |                |
| emailed Email:                                                                                                                                                                                                                                                           |         |              |        |                |

\* Please Note: You will receive an auto response that we have received your complaint. Complaints that constitute potential health and/or safety hazards will be given priority. All other complaints will be investigated as they are received.