AG#			
ΛU^{π}			

by mail

emailed

Email: _



CANNABIS CULTIVATION COMPLAINT

PHONE: 707-234-6650 FAX: 707-463-5709 FB PHONE: 707-964-5379 FB FAX: 707-961-2427 pbs@mendocinocounty.org

Referred by:					
County D	ept.	Other Agency	Public	C	ASE #:
* In order fo					ress and/or parcel number must be correct.
SUBJECT	Pro	perty Owner Name): 		
PROPERTY	Site	Address of Violati	on:		
INFO		Mailing Address:			
	AP	N:		Owner Phone #:	
DESCRIPTI		F COMPLAINT:			
		_			
					_
COMPLAINA	NT IN	FO:			
CONFIDEN	TIALIT	Y: Every effort will be	made to keep the	e complainants identity confidenti	al within the limits of existing laws.
Please ched	ck box if	f you would like to be noti	fied of the results a	and check an appropriate box below o	·
	Print	ed Name:			Phone #:
	Signat				
in person F	Resid	ence Address:			

* 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.

Mailing Address: