

CODE ENFORCEMENT REQUEST FOR INVESTIGATION

Shaded Areas to be completed by staff	Date Stamp: _____
Case File Number: _____	Nuisance: _____ Zoning: _____ Other: _____

**INCOMPLETE INFORMATION MAY DEEM YOUR REQUEST INVALID AND
MAY RESULT IN NO ENFORCEMENT ACTION**

Nature of Complaint:		
Condition requiring correction: check all that apply		
<input type="checkbox"/> Nuisances	<input type="checkbox"/> Property Maintenance	<input type="checkbox"/> Vegetation
<input type="checkbox"/> Vehicle ~ Junk/Storage	<input type="checkbox"/> Garbage	<input type="checkbox"/> Zoning

Address of Complaint:	
Property Owner's Full Name: First, Middle, Last	Home Phone: _____
Residing Address: Street, City, State, Zip	Work Phone: _____
Property where violation exists: Street, City, State, Zip	Tax Parcel Number: _____
	Lot, Block, Tract: _____
Cross Street (Directions)	Zoning: _____

Complainant:
A signed complaint form is necessary before code enforcement services can investigate. Anonymous complaints will not be accepted.

Name:	Home Phone: _____
Residing Address: Street, City, State, Zip	Work Phone: _____
Tax Parcel Number: _____	Zoning: _____
Lot, Block, Tract: _____	

RCW 42.17.310(1)(e) provides in part: (e) Information revealing the identity of persons who are witnesses to or victims of crime or who file complaints with investigative, law enforcement, or penology agencies, other than the public disclosure commission, if disclosure would endanger any person's life, physical safety, or property. If at the time a complaint is filed the complainant, victim or witness indicates a desire for disclosure or nondisclosure, such desire shall govern.

I do not want my identifying information to be disclosed.

Signature of Complainant:	Date: _____
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