

CASE #: CE 17-\_\_\_\_\_

# CODE ENFORCEMENT

# COMPLAINT FORM



865 SE Barrington Dr. • Oak Harbor, WA 98277 • Phone (360) 279 4517 • Fax (360) 279-4519

Date: \_\_\_\_\_

Address of Complaint: \_\_\_\_\_

**Nuisance / Complaint:** Check all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Graffiti / Defacement           | <input type="checkbox"/> Outdoor Lighting / Glare       | <input type="checkbox"/> Water Quality / Cross Connection |
| <input type="checkbox"/> Sidewalk / ROW Obstructions     | <input type="checkbox"/> RV / Camping                   | <input type="checkbox"/> Stormwater / LID / Floodplain    |
| <input type="checkbox"/> Overgrown / Dying Landscape     | <input type="checkbox"/> Parking                        | <input type="checkbox"/> Sewerage / Discharge / FOG       |
| <input type="checkbox"/> Garbage / Debris / Dumping      | <input type="checkbox"/> Abandon / Dilapidated Building | <input type="checkbox"/> False Alarms                     |
| <input type="checkbox"/> Outdoor Storage / Const. Mat'l. | <input type="checkbox"/> Building Maintenance           | <input type="checkbox"/> Laser / Drone                    |
| <input type="checkbox"/> Fencing / Screening             | <input type="checkbox"/> Work Without a Permit          | <input type="checkbox"/> Animal _____                     |
| <input type="checkbox"/> Zoning / Land Use               | <input type="checkbox"/> Disabled Access                | <input type="checkbox"/> Abandon / Junk Vehicle           |
| <input type="checkbox"/> Business License                | <input type="checkbox"/> Fire Hazard / Burning          | <input type="checkbox"/> Unregistered Vehicle             |
| <input type="checkbox"/> Temp Use / Sidewalk Sale        | <input type="checkbox"/> Health Hazard                  | <input type="checkbox"/> Alcohol / Drug / Firearms        |
| <input type="checkbox"/> Home Occupation / Business      | <input type="checkbox"/> Noise                          | <input type="checkbox"/> Suspicious Activity _____        |
| <input type="checkbox"/> Signage                         | <input type="checkbox"/> Air Quality                    | <input type="checkbox"/> Other _____                      |

**Comment / Description:** Please provide comment regarding activity, location on property, or other beneficial information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Vehicle Info.:</b>	Make	Model	Color	License #
Vehicle 1:	_____	_____	_____	_____
Vehicle 2:	_____	_____	_____	_____
Vehicle 3:	_____	_____	_____	_____
Vehicle 4:	_____	_____	_____	_____

**Complainant's Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Email \_\_\_\_\_

Please Check:

- If you wish to be contacted regarding this complaint.
- If you wish to remain anonymous regarding this complaint.
- Please note that anonymity cannot always be guaranteed.