

CASE #: CE 16-_____



CODE ENFORCEMENT COMPLAINT FORM

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

Date: _____

Address of Complaint: _____

Nature of Complaint: _____

Type of Complaint: Please check any that apply.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Garbage / Debris | <input type="checkbox"/> Abandon / Junk Vehicle | <input type="checkbox"/> Abandon / Dilap. Bldg. | <input type="checkbox"/> Commercial Sign |
| <input type="checkbox"/> Tall Grass / Vegetation | <input type="checkbox"/> RV Occupied / Parking | <input type="checkbox"/> Graffiti / Defacement | <input type="checkbox"/> Zoning / Lic. Violation |
| <input type="checkbox"/> Sidewalk Obstructions | <input type="checkbox"/> Noise _____ | <input type="checkbox"/> Yard Sale / Sign | <input type="checkbox"/> Other _____ |

Vehicle:	Make	Model	Color	License #
Vehicle 1:	_____	_____	_____	_____
Vehicle 2:	_____	_____	_____	_____
Vehicle 3:	_____	_____	_____	_____

Citizen Reporting Complaint:

Name: _____

Address: _____

Phone: _____

Do you wish to be contacted regarding this complaint? YES or NO

BELOW THIS LINE FOR DEPARTMENT USE ONLY

Contact Info: Owner	Tenant / Resident
Name _____	_____
Address _____	_____
City, State Zip _____	_____
Phone No. _____	_____
Property APN _____	_____

