

CODE ENFORCEMENT INVESTIGATION REQUEST

VIOLATION INFORMATION

On
Violator(s)

Resident Name(s): _____

Property Owner: _____

Address of Violation(s): _____

City: _____ State: _____ Zip: _____

Nearest Cross Street: _____

Details of Complaint: (be specific): _____

ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION?

IE: Dangerous or unstable residences, dogs, criminal activity, etc.

YES

NO

UNKNOWN

If yes, identify hazard in detail: _____

Go to next page and continue to fill out information

FOR OFFICE USE ONLY

File #: _____

Received by: _____

Date Processed by: _____

Tax #: T: _____ R: _____ S: _____ TL: _____

Zone: _____

COMPLAINANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____

Can violation be seen from the road? YES NO

If not, what is the best inspection point?

Is the complainant a neighbor? YES NO

The complainant gives the Code Enforcement Officer permission to use their property for viewing violation:

YES NO

Do not release my name to anyone.

Date: _____ Signature: _____

Mail or bring the filled-in form to the: **Independence Police Department**
PO Box 7
Independence, Or 97351

