

Taken By: _____

City of Arcata Code Enforcement COMPLAINT FORM

Instructions: It is important that you supply as much detail as possible. Items marked with an astrick (*) are required to be filled. If you have any qustions, feel free to call our office at 822-5956. **Please Print**

* Date: _____

* Location of Violation: (Address) _____

City: _____ Assessor's Parcel #: _____ - _____ - _____

* Complainent's Name: _____ * Phone: _____

Is the complainent a Renter/Tenant? YES NO

* Owners Name: _____ * Address: _____

* City: _____ * State: _____ * Zip: _____

* Phone: () _____

* **Details of Complaint: (Be specific)** _____

* ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION? i.e. Dangerous or unstable residents, dogs, criminal activity etc.

YES NO UNKNOWN

If yes, identify Hazard in detail: _____

