



SUBSTANDARD HOUSING COMPLAINT

Date _____ Taken By _____ Case # _____ CEO _____ Received _____

Type of Complaint:

Illegal Occupancy/Unit
Illegal Conversion –Garage
Substandard Housing issues (i.e.: lack of heat, water electricity, etc.)

Property Information:

Address _____
APN _____ Zoning District _____
Owner Name _____ Phone _____
Owner Address _____

Reported By:

Name _____ Phone _____

Description of Suspected Violation:

Finding/Notes:

Inspected:

Yes _____ No _____
Site Visit _____ Photos _____
Prior Case(s) _____

Department Involved / Assigned to:

Building Dept. _____
Fire Dept. _____
Police Dept. _____
Other _____

Action:

Phone call _____
Notice/Letter _____

Status:

Closed _____ Unfounded _____
Resolution _____