



# TOWN OF FAIRFAX

142 BOLINAS ROAD, FAIRFAX, CALIFORNIA 94930  
(415) 453-1584 / FAX (415) 453-1618  
CODE ENFORCEMENT COMPLAINT FORM

BUILDING [ ]      ENGINEERING [ ]      PLANNING [ ]      OTHER [ ]

Date Received \_\_\_\_\_ Complaint # \_\_\_\_\_

Received By \_\_\_\_\_ Letter \_\_\_\_\_ Phone \_\_\_\_\_ In Person \_\_\_\_\_

Location \_\_\_\_\_ Assessor's Parcel No. \_\_\_\_\_

Property Owner \_\_\_\_\_

Owner's Address if Different from above \_\_\_\_\_

Resident's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(if not owner occupied)

Description of Complaint      \*\*\*\*      Code Section (if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Filing Complaint \_\_\_\_\_

Address

Phone #

### ACTION TAKEN

- No violation      [ ]      Date \_\_\_\_\_
- Contact made with owner      [ ]      Date \_\_\_\_\_
- Warning letter      [ ]      Date \_\_\_\_\_
- Warning letter #2      [ ]      Date \_\_\_\_\_
- Citation issued      [ ]      Date \_\_\_\_\_
- Complaint resolved      [ ]      Date \_\_\_\_\_
- Written report made      [ ]      Date \_\_\_\_\_
- Additional info. pg. 2      [ ]      Date \_\_\_\_\_

Assigned To: \_\_\_\_\_

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