

TOWN OF LOOMIS

3665 Taylor Road P.O. Box 1330 (916)652-1840 ❖ (916)652-1847 FAX

CODE ENFORCEMENT/ COMPLAINT FORM

CONFIDENTIAL	LOCATIO	ON/ADDRESS OF REQUEST	
REPORTED BY (print name)	OCCUP	ANT NAME	
ADDRESS	OWNER	NAME	
TELEPHONE	OWNER	ADDRESS	
CIONATURE	OWNER	TELEPHONE	
*Reporting parties are not normally contacted re case status.	ll l	ORS PARCEL NUMBER	
NOTE: Due to legal requirements, only written and signed s taken that may require the complainant to be specifically hat they are exempt from disclosure under one or more of	identified. Regarding F	Public Records Act, documents may be	withheld on the groun
Type of Complaint:			
			240
		328	
***************************************	**********	***************************************	********
	OFFICE USE ONL	Y	
Date Received:	Assigned to:		
ACTION TAKEN:	<u>Date</u>	Date Abated	
) Contact made with owner/inspected onsite			
) No violation			
) Letter/Administrative Warning sent	-		
() Administrative Citation/Fine sent			
() Notice of Administrative Hearing sent			
() Hearing Officer's Decision sent (Manager)			
() Court Order (Attorney)			