



TOWN OF LOOMIS
 3665 Taylor Road
 P.O. Box 1330
 (916)652-1840 ☎ (916)652-1847 FAX

**CODE ENFORCEMENT/
 COMPLAINT FORM**

CONFIDENTIAL
REPORTED BY (print name) _____
ADDRESS _____
TELEPHONE _____
SIGNATURE _____
*Reporting parties are not normally contacted regarding case status.

LOCATION/ADDRESS OF REQUEST _____

OCCUPANT NAME _____

OWNER NAME _____

OWNER ADDRESS _____

OWNER TELEPHONE _____

ASSESSORS PARCEL NUMBER _____

NOTE: Due to legal requirements, only written and signed complaints can be investigated. Complaints will remain confidential unless legal action is taken that may require the complainant to be specifically identified. Regarding Public Records Act, documents may be withheld on the grounds that they are exempt from disclosure under one or more of the following exemptions: California Government Codes 6254(k) and 6255.

Type of Complaint: _____

OFFICE USE ONLY

Date Received: _____ **Assigned to:** _____

ACTION TAKEN:	<u>Date</u>	<u>Date Abated</u>
() 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)	_____	_____