

CITY OF SAN RAFAEL

1400 Fifth Avenue, San Rafael CA 94901 (415) 485-3097

CODE ENFORCEMENT COMPLAINT FORM

NOTE: THE IDENTITY OF ANY COMPLAINING PARTY SHALL BE KEPT CONFIDENTIAL TO THE EXTENT PERMITTED BY LAW. ANONYMOUS COMPLAINTS WILL NOT BE INVESTIGATED.

Date: _____ APN#: _____ Case#: _____

Address of Violation: _____ Zoned: _____

Property Owner: _____

Address: _____ Phone #: _____

BUSINESS IN VIOLATION

Business Name: _____ Phone #: _____

Business Owner: _____

Mailing Address: _____

REPORTING PARTY

Name: _____ Phone #: _____

Address: _____

Please contact me with case disposition (Phone Number Required).

DESCRIPTION OF VIOLATION

Other Contacts/Comments: _____

FOR OFFICE USE

ACTION TAKEN:

No Violation:	<input type="checkbox"/>	Date:	_____
Referred Out:	<input type="checkbox"/>	Date:	_____
Opened Case:	<input type="checkbox"/>	Date:	_____
Case Closed:	<input type="checkbox"/>	Date:	_____

Assigned Inspector: _____