

CODE COMPLIANCE UNIT

◆ GOVERNMENT CENTER, 891 MT. RANCH RD. SAN ANDREAS, CA 95249

◆ 209/754-6326 ◆ 209/754-6328

Date Received: _____ Received By: _____ APN: _____ CC# _____ Sup. Dist. _____
Solid Waste Code _____ Zoning _____ Records avail: yes no
Called In Mailed In Hand Delivered; BY Neighbor, Tenant, County Agency

FILL OUT THE FOLLOWING FORM AS COMPLETELY AS POSSIBLE

Alleged Violations:

ALLEGED VIOLATOR: _____

MAILING ADDRESS, IF AVAILABLE: _____

ADDRESS OF PROPERTY IN QUESTION: _____

MAP TO PROPERTY **

** It is *extremely important* to provide a brief sketch showing us how to reach the site. You may use the back of the form for a more detailed drawing

NOTE: This information is confidential and will not be divulged to the public except Pursuant to a court order

STAFF WILL NOT PURSUE ENFORCEMENT UNLESS THE FOLLOWING INFORMATION IS GIVEN

Name of Complainant: _____ Date report filed: _____

Mailing Address: _____

Phone No.: _____

SIGNATURE OF COMPLAINANT: _____