

CODE ENFORCEMENT COMPLAINT FORM



3715 Bridgeport Way W
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

Date: _____ CASE #: _____

ADDRESS OF CONCERN: _____

DESCRIPTION OF CONCERN: _____

Name of Owner: _____ Phone #: _____

Owner's Address: _____ Parcel #: _____

Please Note: We may be required to release your name and/or information submitted in this complaint pursuant to Public Disclosure (RCW 42.56) and/or pursuant to court order.

Name of Complainant: _____ Phone: _____

Complainant's Address: _____

COMPLAINANT'S SIGNATURE: _____

Date	Investigation / Action taken