



CITY OF YREKA
COMPLAINT FORM

Complainant's Name : _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

State interest in property involved (mark all that apply) ___ Renter ___ Adjacent Property Owner ___ Concerned Citizen ___ Other

Briefly explain complaint: _____

Site Information – Property owner: _____

Address or property location where the alleged violation exists: _____

If necessary, would you testify in a Court of Law? ___ Yes ___ No

Signature of Complainant: _____ Date: _____

FOR OFFICIAL USE ONLY

Received by: _____ Date: _____

AP # : _____ Zoning: _____

Appropriate Agency (s) for Follow-up Investigation:

- Building Department 701 Fourth Street Yreka, CA 96097
Health Department 806 S. Main Street Yreka, CA 96097
Planning Department 701 Fourth Street Yreka, CA 96097
Public Works 701 Fourth Street Yreka, CA 96097
Code Enforcement 1400 Fairlane Road Yreka, CA 96097

Date of Field Inspection : _____ By: _____

Violation of Code Section: _____

Dates First Notice: _____ Dates Final Notice: _____
(Sent to property owner) (Sent to property owner)

Date Citation issued: _____ Hearing/Court Date: _____

Date Submitted to Hearing Officer/ District Attorney: _____ Hearing/ Court Date: _____

Compliance Date/ Schedule: _____ Case Closed Date: _____

Supervisor's Signature: _____ Date: _____

Government Code Section 6254(f) Records of Complaint are not public record until or unless made a part of another record which is public record. At such time all records become public record. Until such time no agent of the City will discuss the specifics of this case with the complainant or public.

Effective: April 29, 1996

Copy to Complainant prior to investigation