



CONFIDENTIAL: YES ___ NO ___

Code Compliance Division
(360) 683-4908
CodeCompliance@sequimwa.gov

For City Use Only:
Received by:
DATE RECEIVED:
CLOSED BY:
DATE:

REQUEST FOR CODE COMPLIANCE ACTION

The Code Compliance Division considers all complaints an important issue. We attempt to respond to all complaints in a timely manner, but please be patient as it may take 5-7 days to respond to a request. To obtain the status of a complaint, please contact Code Compliance.

ADDRESS OF SUBJECT PROPERTY:

TYPE OF COMPLAINT: (check all that apply and provide a brief description of problem. Attach extra sheets if necessary.)

WEED, VEGETABLE OR HORTICULTURAL GROWTH
FIRE HAZARD (OTHER THAN OVERGROWN WEEDS/GRASS)
LITTER, GARBAGE, REFUSE ON PREMISES
UNSAFE OR PARTIALLY DESTROYED STRUCTURE
OTHER:
SIGHT HAZARD
JUNK VEHICLES

DESCRIPTION OF PROBLEM: To the best of your ability, please describe the situation including as many details as possible.

The top portion of this form is considered to be a disclosable record under State Public Disclosure Law and will be photocopied and disseminated upon request. Any supplemental information provided with this complaint may also be disclosed under some circumstances if required by law.

REPORTING PARTY INFORMATION

Name (please print): Phone:

Address:

E-MAIL:

Pursuant to State Public Disclosure Law RCW 42.56.240(2), the complainant may indicate a request for non-disclosure of their name and identity. If non-disclosure is desired, the bottom portion of this form which indicates your identity as the reporting party, will be redacted (blacked out) prior to public disclosure.

Please be advised, the majority of violations are resolved without the release of request information. HOWEVER, if the city is required to use legal proceedings to resolve this matter, this entire form and any supplemental information may be disclosed as public information.

Signature: Date:

CASE ADDRESS: _____

RESIDENT'S NAME: _____

OWNER'S NAME: _____

MAILING: _____

MAILING: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____

PHONE: _____

INSPECTION NOTES:

DATE: _____ TIME: _____ BY: _____ PHOTOS: Y/N REPEAT OFFENDER? Y/N

CONTACT WITH: _____ PHONE / EMAIL / IN PERSON / SITE VISIT

INSPECTION DONE FROM: ROADWAY / ALLEY / ON-SITE WITH OWNER OR TENANT / NEIGHBORING PROPERTY

REMARKS:

RECHECK: Y / N

DATE: _____

DATE: _____ TIME: _____ BY: _____ PHOTOS: Y/N REPEAT OFFENDER? Y/N

CONTACT WITH: _____ PHONE / EMAIL / IN PERSON / SITE VISIT

INSPECTION DONE FROM: ROADWAY / ALLEY / ON-SITE WITH OWNER OR TENANT / NEIGHBORING PROPERTY

REMARKS:

RECHECK: Y / N

DATE: _____

DATE: _____ TIME: _____ BY: _____ PHOTOS: Y/N REPEAT OFFENDER? Y/N

CONTACT WITH: _____ PHONE / EMAIL / IN PERSON / SITE VISIT

INSPECTION DONE FROM: ROADWAY / ALLEY / ON-SITE WITH OWNER OR TENANT / NEIGHBORING PROPERTY

REMARKS:

RECHECK: Y / N

DATE: _____