



Code Compliance Division
Phone: 360-683-4908
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Email:
codecompliance@ci.sequim.wa.us

CONFIDENTIAL: YES ___ NO ___

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 (which overhangs, encroaches upon, obstructs, or interferes with the full use of street or sidewalk areas – or AVERAGES 12” high or MORE including fire hazard situations which cause the degradation of neighborhoods.

FIRE HAZARD (OTHER THAN OVERGROWN WEEDS/GRASS) SIGHT HAZARD

LITTER, GARBAGE, REFUSE ON PREMISES JUNK VEHICLES

UNSAFE OR PARTIALLY DESTROYED STRUCTURE

OTHER: _____

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

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REMARKS:

RECHECK: Y / N

DATE: _____