

Complaint Form

CE-1

BUILDING / CODE ENFORCEMENT - COMPLAINT FORM FORM MUST BE SIGNED AND DATED

ADDRESS OF VIOLATION PROPERTY OWNER NAME_____ ADDRESS____PHONE__ CURRENT OCCUPANT_____ Please state the issue including all information regarding the alleged violation (addresses, names, dates, etc). Use the back of this form if additional space is needed. Have you filed a complaint with any other agency regarding this issue? YES NO If so, which agency, name and telephone of the individual you were in contact with Do you wish your name to be kept confidential? YES NO Are you willing to appear in court if necessary? YES NO 🗌 **COMPLAINANT - Signature** COMPLAINANT - Print Name **COMPLAINANT ADDRESS** COMPLAINANT TELEPHONE NO. DATE OF COMPLAINT

City of San Clemente, Code Enforcement Division, 910 Calle Negocio, Suite 100, San Clemente, CA 92673 Phone (949) 366-4705 Fax (949) 361-8281 – http://www.san-clemente.org