

CODE COMPLAINT REPORT

(photos are appreciated and may be attached to this report)

Date:						
Location of Code Complaint (pr	ovide address or, if corner lot,	be specific as	to whi	ich cor	ner)	
Address:		City:				
Property Owner's Name:	Address:	dress:		Ph #:		
	City:	State:	ZI	P:		
Renter's Name:	Address:	·		Ph #:		
	City:	State:	ZI	P:		
When did you first observe this possible code violation?						
Details of complaint:						
Would you like to be contacted with updates regarding this complaint? If Yes, please fill out the contact info below.			□ Ye	s	□ No	
Name:	Address:		Ph #:			
	City:	State:		ZIP:		
Unless required by law, the complainant's contact information is confidential and will not be released. See the back for more details.						



FOR OFFICE USE ONLY:					
Under ORS 192.377(4), the complainant's contact information is confidential and will not be released unless the issue proceeds to litigation. Written information and documents, such as complaint intake forms that have complainant's name on them can be provided with the complainant's address, and phone number redacted					
Date Received:	Received By:				
Date Referred:	Referred To:				