CODE COMPLAINT REPORT

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

	Code Compliance Division Mail: P.O. Box 970, Newberg, OR 97132 Site: 414 E. First Street, Newberg, OR 97132		Phone: (503) 554-7709 Email:bryan.corn@newbergoregon.gov			
Date:						
Location of Cod	le Complaint (provide ac	dress or if corner lot be specific	as to which co	orner):		
Address:	Address: City:					
Property Owner's Name:		Address:			Phone #:	
		City:	State:	Zip:		
Renter's Name:		Address:			Phone #:	
		City:	State:	Zip:		
When did you fi	rst observe this possi	ble code violation?				
Details of complaint:						
To receiv	e an update on this con	nplaint please provide you	r name, addro	ess, and pl	none number	
Name:		Address:			Phone #:	
		City:	State:	Zip:		

Unless required by law, the complainant's name and contact information are confidential and will not be released. See the back for more details.

	FOR	OFFICE	USE	ONLY:
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Under ORS 192.502(4), the complainant's name and contact information are 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 name, address, and phone number redacted. Disclosure of a complainant's name and contact information may be relevant in a court case. Therefore the Court may order disclosure in a particular instance.					
Date received:	Received by:				
Date referred:	Referred to:				
ACTION TAKEN BY THE CITY:					
Date complainant notified of action:	Notified by:				