



Sutter County Community Services Department
 1130 Civic Center Boulevard
 Yuba City, CA 95993

(530) 822-7400 voice
 (530) 822-7109 fax

CODE ENFORCEMENT COMPLAINT FORM

It is the intent of the Community Services Department to resolve a complaint and/or achieve voluntary compliance in a timely manner. Staffing resources may not allow on-site investigation of all complaints. The property owner is ultimately responsible for bringing the property into compliance as per zoning, building, health and safety, and related codes, regulations and ordinances. In instances of disputes between tenants and landlords, this department encourages tenants to contact landlords/property owners in writing and allow a reasonable time for resolution prior to filing this complaint. Complaints pertaining to imminent health hazards that are brought to this department's attention may be immediately referred to the appropriate program and may be taken without a complainant's signature. All other complaints **MUST** be filled out completely **AND SIGNED** by the complainant.

Violation Location and Property Owner

Street Address:

Additional location information:

Name of Property Owner: Phone Number:

Property Owner's Mailing Address:

Reporting Party Information (required)

Reporting Party Name: Phone Number:

Mailing Address:

Complaint Type

Property Maintenance Violations: <input type="checkbox"/> Injurious to Health <input type="checkbox"/> Housing/Bldg Codes <input type="checkbox"/> Weed and/or Rubbish <input type="checkbox"/> Vacant/Abandoned Bldg <input type="checkbox"/> Maintenance/Use Violation <input type="checkbox"/> Visual Blight <input type="checkbox"/> Storage/Keeping of Materials <input type="checkbox"/> Yard Sales	Building/Housing Violations: <input type="checkbox"/> Substandard <input type="checkbox"/> Electrical <input type="checkbox"/> Hazardous <input type="checkbox"/> Dev. w/o Permit <input type="checkbox"/> Recreational Vehicles Vehicle Abatement Violations: <input type="checkbox"/> Private Property <input type="checkbox"/> Public Right-of-Way <input type="checkbox"/> Inoperative Vehicle <input type="checkbox"/> Abandoned Vehicle <input type="checkbox"/> Vehicle Parts/Shell <input type="checkbox"/> Burned <input type="checkbox"/> Other:	Zoning Violations: <input type="checkbox"/> Animals <input type="checkbox"/> Automotive Repair <input type="checkbox"/> Fences <input type="checkbox"/> Signs <input type="checkbox"/> Other Violations Other Violations:
Vector Violations: <input type="checkbox"/> Rats/Mice <input type="checkbox"/> Cockroaches <input type="checkbox"/> Fleas <input type="checkbox"/> Other:		

Nature of Complaint

If Tenant, attach documentation (letters, notes, etc.) describing your attempts to resolve complaint. Can you provide access to property? Yes No

Signature of Reporting Party **REQUIRED** (Identity of reporting party is considered confidential): Date of Complaint:

For Official Use Only

Received by:	Date Rec'd:	Logged by:	Date Logged:
Date given to RB:	Circle one: City County Other:		
APN:	Zoning:		
Case Number:	Closure date:		