CODE ENFORCEMENT COMPLAINT

Complainant: ______________________________ Date: ________
Address: __________________________________________________________
Phone: ___________________ I wish to remain anonymous: ___

LOCATION OF VIOLATION:

NEAREST CITY/TOWN: ____________________________________________

Name of Property Owner (if know)____________________________________
Is this a rental/tenant _________

How long has violation been observed? _____________________________
Brief describe the nature of the complaint, if mailing please attach photos or
sketch of site if available.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Thank you for your interest in promoting effective enforcement of the Yolo County Codes.
The Code Enforcement Officer will contact you.

FOR INTERNAL USE ONLY
COPIES TO:
AN.SVS ___ DA ___ EN.HEALTH ___ FIRE ___ PARKS ___ POLICE ___
SHERIFF ___ S.S. ___ OTHER Yolo County ___ OTHER AUTHORITY ___
PARCEL# _____________________ DATE OF FIRST CONTACT: ___________
CE# _______________________