

CODE ENFORCEMENT INVESTIGATION REQUEST

VIOLATOR(S) INFORMATION

Resident Name(s): _____

Property Owner: _____

Address of Violation(s) _____

City: _____ State: _____ Zip: _____

Nearest Cross Street: _____

Details of Complaint: (be specific)

ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION?

IE: Dangerous or unstable residences, dogs, criminal activity, etc.

YES

NO

UNKNOWN

If yes, identify hazard in detail:

*** Form continues on second page. ***

COMPLAINANT INFORMATION

This section must be filled out.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Can violation be seen from the road? YES NO

If not, what is the best inspection point?

Is the complainant a neighbor of the violator? YES NO

If yes, does the complainant gives the Code Enforcement Officer permission
to use their property for viewing the violation: YES NO

Please be advised that the information on the document is public record.

Date: _____ Signature: _____

Return Form to:
Polk County Community Development
850 Main Street,
Dallas, OR 97338
(503) 623-9237

FOR OFFICE USE ONLY			
File # _____			
Received by: _____	Date: _____		
Data Processed by: _____			
Tax #: T: _____	R: _____	S: _____	TL: _____
Zone: _____			