City of Stanwood
10220 270th Street NW
Stanwood, WA 98292
(360) 629-4577
Fax (360) 629-6294

CODE COMPLIANCE COMPLAINT FORM

Please be aware the information on this form is Public Record and may be subject to Public Disclosure.

VIOLATOR INFORMATION:

* Address/Location of compliant or violation:_____
_____

Property Tax Id #:_____

Property Owner:
Name: _____ Phone #: _____
Address: _____
_____

Occupant Name: _____ Phone #: _____

NATURE OF VIOLATION OR COMPLAINT: (If necessary please use second page of this form)
_____
_____
_____
_____
_____

COMPLAINANT INFORMATION:

We respect your privacy and will not distribute your personal information except as necessary to address or resolve your complaint or as required by law. However, you should be aware that this information is subject to the State's Public Disclosure Laws and may be disclosable upon request.

* Complainant Name: _____
* Address: _____ Zip _____
Phone: # _____
Email address: _____

I declare under penalty of perjury under the laws of the State of Washington that the above statement and information is true and correct. (RCW 9A.72.085)

_____ _____ _____
Complainant's Signature Print Name Date

*Required Information

OFFICIAL USE ONLY CASE #: _____
Date Received _____ Received by (employee name) _____Received via: Fax:_____Email:_____In person: _____

Code Compliance Complaint Form (Continued)

Case Number
Name of Complainant