



City of Pacific
 100 3rd Avenue SE
 Pacific, WA 98047
 253.929.1100

Date Rcvd.

Tracking #

CITIZEN COMPLAINT FORM

Reporting Party Information:

Name: _____
 Address: _____
 City, State, ZIP: _____
 Phone Number: _____
 Message Phone: _____
 E-Mail Address: _____
 Non-Disclosure *(Please check this box if you do not want your information disclosed.)*

Address or Location of Complaint (if known): _____

Type of Complaint:

<p><u>Animals</u></p> <p><input type="checkbox"/> Rodents</p> <p><input type="checkbox"/> Stray/Uncontrolled/Vicious</p> <p><u>Buildings</u></p> <p><input type="checkbox"/> Abandoned/Unoccupied</p> <p><input type="checkbox"/> Code Enforcement</p> <p><input type="checkbox"/> Fencing/Retaining Walls</p> <p><input type="checkbox"/> Inoperable Vehicle(s)</p> <p><input type="checkbox"/> Junk/Refuse/Debris/Overgrown Vegetation</p>	<p><u>Permitting/Zoning</u></p> <p><input type="checkbox"/> Clearing/Grading/Construction without permits</p> <p><input type="checkbox"/> Noise</p> <p><input type="checkbox"/> Use not authorized</p> <p><u>Public Right-of-Way</u></p> <p><input type="checkbox"/> Graffiti/Litter</p> <p><input type="checkbox"/> Unauthorized Use: Parking/Structures</p> <p><input type="checkbox"/> Vegetation Blockage: Alley/Sign/Sidewalk/Street</p> <p><u>Other</u></p> <p><input type="checkbox"/> Explain On Backside of this Form</p>
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Complaint:	
Date Received:	Date Citizen Contacted:
Received by:	Department:
Person Responding:	Date Closed: