



# SOUTH PLACER FIRE DISTRICT

## CODE VIOLATION COMPLAINT FORM

DATE RECEIVED: \_\_\_\_\_

BY: PHONE  IN PERSON

TIME RECEIVED: \_\_\_\_\_

LETTER  OTHER \_\_\_\_\_

### REPORTING PARTY

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### COMPLAINT LOCATION / INFORMATION

ADDRESS OF VIOLATION: \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### INVESTIGATION STATUS AND NARRATIVE

PROPERTY OWNER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ SAME AS ABOVE

DATE                      REMARKS

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REPORT TAKEN BY: \_\_\_\_\_