CITY OF SCOTTS VALLEY

1Civic Center Drive . Scotts Valley. 95066
Phone: 440-5640/Fax: 438-2793

COMPLAINT FORM

Complaint No. _____

Address/Location of Complaint:

Description of Complaint (print clearly):

_____

_____

_____

_____

_____

_____

_____

_____

Your Name (complainant):_____ Date:_____

Address:_____ Phone:_____

FOR OFFICE USE ONLY

9 Planning Dept. **9** Building Dept. **9** Police Dept. **9** Public Works

9 Fire District **9** Other_____

Assessor's Parcel No._____

Property Owner's Name:_____

Property Owner's Address:_____

FOR OFFICE USE ONLY

ACTION TAKEN BY: DATE:

FINAL DISPOSITION OF COMPLAINT

NAME: DATE:

FINAL APPROVAL: DATE:

City Manager