

Office use only / Date Stamp



RETURN TO:  
Del Norte County Code Enforcement  
981 H Street, Suite 110  
Crescent City CA 95531  
(707) 464-7254 Phone  
(707) 465-0340 FAX

# DEL NORTE COUNTY CODE ENFORCEMENT COMPLAINT OF VIOLATION and REQUEST FOR INVESTIGATION

VIOLATION LOCATION: \_\_\_\_\_ CITY: \_\_\_\_\_

Violator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional location information/Directions: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

### Suspected Violation Information:

\_\_\_\_\_ Abandoned Vehicle:

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Lic. # \_\_\_\_\_ State \_\_\_\_\_

- |  |   |
|--|---|
| _____ Junkyard / inoperative vehicles            | _____ Mobilehome installation without permit    |
| _____ Illegal dumping                            | _____ Excessive Yard Sales                      |
| _____ Accumulation of Trash /Debris              | _____ Occupied travel trailer / RV              |
| _____ Construction without permit                | _____ Hazardous Electrical Wiring               |
| _____ Overgrown Vegetation                       | _____ Health and Safety Code Violation          |
| _____ Animal Waste / Odor                        | _____ Grading without permit                    |
| _____ Illegal use / zoning violation             | _____ Obstruction of County Road / Right of Way |
| _____ Drainage Obstruction / Improper Drainage   | _____ Dangerous or Abandoned Building           |
| _____ Substandard Building / Lack of Maintenance | _____ Hazardous Fence                           |
| _____ Other (Describe Below)                     |   |

ADDITIONAL INFORMATION: (Describe type of violation and location on property)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reporting Party / Contact Information:  
Today's Date: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_

It is unlawful to knowingly provide false information on this form, Penal Code §134.  
I declare that the above information is true and correct to the best of my knowledge and belief

Signature (Required): \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY.

Case # CE-	Inspected	/	/	NVF	/	/
------------	-----------	---	---	-----	---	---