



CITY OF LAKEPORT

Community Development Department
225 PARK STREET
LAKEPORT, CALIFORNIA 95453
TELEPHONE: 707.263.5615 x205 FAX: 707.263.8584

CASE # _____

DATE RECEIVED: _____

LOGGED BY: _____

COMPLAINT FORM

Please complete this form to report a code enforcement violation **within** the City of Lakeport.

Location of Complaint:

Address/Location of reported code violation: _____

Nearest cross street: _____ Assessor's Parcel Number: _____

Property owner's name, if known: _____

Owner's Mailing Address: _____

Is the property: Occupied Vacant Unknown

Is the violation visible from the public street? YES NO

Nature of Complaint: *Please provide details describing the violation(s)*

Complainant's Information:

This is a public document and subject to disclosure under the Public Records Act If you wish your identity to remain confidential, this form may be filed anonymously.

Name: _____ Phone Number: _____

Mailing Address: _____ Email: _____

Official Use Only:

Site Visit - Verification: Violation? YES NO Date: _____ By: _____

Applicable Municipal Code Section: _____

Referred To: _____

Notes: _____

