CODE ENFORCEMENT COMPLAINT FORM

University Place WASHINGTON

3609 Market Place West, Suite 200
University Place, WA 98466
PH: 253.566.5656

DATE: _____ CASE #: _____

ADDRESS OF CONCERN: _____

DESCRIPTION OF CONCERN: _____

_____

_____

Name of Owner: _____ Phone #: _____

Owner's Address: _____ Parcel #: _____

Please Note: The submittal of a Code Enforcement Complaint Form is subject to public disclosure according to the public records act (RCW 42.56) and/or pursuant to a court order. This means anyone can request the release of this document containing your name and contact information submitted in this complaint.

Name of Complainant: _____ Phone: _____

Complainant's Address: _____

COMPLAINANT'S SIGNATURE: _____

Date	Investigation / Action taken

Updated: 10/2019