CITY OF ANDERSON COMPLAINT FORM

PLANNING AND BUILDING DEPARTMENT
1887 Howard Street * Anderson, CA 96007 * Phone 378-6636 * Fax 378-6666

DATE: _____ RECEIVED BY: _____

COMPLAINT

ADDRESS: _____ ASSESSOR PARCEL NUMBER: _____

OWNER (if known): _____ OWNER'S ADDRESS: _____

OCCUPANT (if known): _____

BRIEFLY DESCRIBE COMPLAINT:
(use other side if more room is needed)

BUILDING INSPECTOR

Date Verified: _____
Notes:

First Notice Sent (date) _____ Recheck Date _____ Notice Received: _____
Final Notice Sent (date) _____ Recheck Date _____ Notice Received: _____

Citation Issued (date): _____

*****CONFIDENTIAL SECTION*****

Name: _____ **Phone:** _____

Address: _____

City _____ **State:** _____ **Zip:** _____

SIGNATURE : _____