



299 Mill Street, Falls City, OR 97344

CODE ENFORCEMENT INVESTIGATION REQUEST

Today's Date: _____

Optional:

Name of person filing Report: _____

Address: _____

Phone Number: _____ Cell Number: _____

Email: _____

Resident: _____ Non Resident: _____ **Your information will be kept strictly confidential.*

Required:

Address of Violation(s): _____

Resident's Name(s): _____

Property Owner: _____

Nearest Cross Street: _____

Details of complaint (be specific):

Continue on back if additional space is required

Are there any known or suspected hazards at this location? Yes ___ No ___ Unknown ___

If YES, please identify hazard in detail:

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Investigation Processed By: _____ Completion Date _____