



City of Mill Valley

CODE ENFORCEMENT COMPLAINT FORM

VIOLATION ADDRESS		DATE RECEIVED
OCCUPANT (if known)		PHONE
PROPERTY OWNER(s)		APN#
OWNER ADDRESS		PHONE:
COMPLAINT		TYPE CODE
		PRO-ACTIVE NEW REPEAT OTHER

COMPLAINANT NAME		DEPT/DIV
COMPLAINANT ADDRESS		PHONE
ZONED	UP/DR#	RECEIVED BY
		ASSIGNED TO
INFORMATION ONLY NO REPLY REQUESTED		FINAL DISPO ONLY
		ONGOING UPDATES
		OTHER

INSPECTION REPORT

DESCRIPTION OF INVESTIGATION	DATE OPENED
	DIAGRAM

PHOTOS TAKEN	YES	NO	ACTION TAKEN
PHOTOGRAPHER	#	DATE/TIME	1ST WARNING NOTICE
PHOTOGRAPHER	#	DATE/TIME	2ND WARNING
OTHER EVIDENCE OBTAINED		DATE/TIME	FINAL WARNING
			COMPLAINT REFERRED TO
			DATE CLOSED