

# CODE ENFORCEMENT COMPLAINT FORM



865 SE Barrington Dr. • Oak Harbor, WA 98277 • Phone (360) 279 4516

Please use this form to submit a non-emergency complaint regarding code compliance that is within the Oak Harbor city limits.

**Date:** \_\_\_\_\_

**Address of Complaint:** \_\_\_\_\_

**Nuisance / Complaint:** Check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Temp Use / Sidewalk Sale                     | <input type="checkbox"/> Home Occupation / Business    | <input type="checkbox"/> Health Hazard    |
| <input type="checkbox"/> Sidewalk / ROW Obstructions (vegetation)     | <input type="checkbox"/> Graffiti / Defacement         | <input type="checkbox"/> Noise            |
| <input type="checkbox"/> Overgrown / Dying Landscape                  | <input type="checkbox"/> Outdoor Lighting / Glare      | <input type="checkbox"/> Air Quality      |
| <input type="checkbox"/> Garbage / Debris on private property         | <input type="checkbox"/> Fencing / Screening           | <input type="checkbox"/> Outdoor Storage  |
| <input type="checkbox"/> Fire Hazard (vegetation)                     | <input type="checkbox"/> Zoning / Land Use             | <input type="checkbox"/> Signage          |
| <input type="checkbox"/> Water Quality / Cross Connection             | <input type="checkbox"/> Work Without a Permit         | <input type="checkbox"/> Disabled Access  |
| <input type="checkbox"/> RV / Camping on private property             | <input type="checkbox"/> Stormwater / LID / Floodplain | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Abandoned / Dilapidated Building             | <input type="checkbox"/> Sewerage / Discharge / FOG    | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Abandoned / Junk Vehicle on private property |  |   |

**Comment / Description:** Please provide comment regarding activity, location on property, or other beneficial information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Vehicle Info.:</b>	Make	Model	Color	License #
Vehicle 1:	_____	_____	_____	_____
Vehicle 2:	_____	_____	_____	_____
Vehicle 3:	_____	_____	_____	_____
Vehicle 4:	_____	_____	_____	_____

**Complainant's Information:**

Please provide full and accurate contact information. Additional information may be required; without proper contact information, the code compliance officer may not be able to complete or further pursue investigation of this complaint.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Email \_\_\_\_\_