



**CODE ENFORCEMENT DIVISION**  
4477 Main Street, Shasta Lake, CA 96019  
Phone (530) 275-7460  
Email: btrudeau@cityofshastalake.org

**CODE VIOLATION COMPLAINT**

ADDRESS OF VIOLATION \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER \_\_\_\_\_

OWNER NAME \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

TENANT NAME \_\_\_\_\_

VIOLATION TYPE

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Junk Yard              | <input type="checkbox"/> Abandoned Vehicle                 |                                |
| <input type="checkbox"/> Illegal Occupancy/Use  | <input type="checkbox"/> Occupancy with Utilities Shut Off |                                |
| <input type="checkbox"/> Housing Code Violation | <input type="checkbox"/> Building without a Permit         | <input type="checkbox"/> Other |

Details of Violation:

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If additional space is needed please use the back of this form.

REPORTING INDIVIDUAL INFORMATION

**This information will be kept confidential except by court order.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

I declare under penalty of perjury that the facts above are true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* SPACE BELOW FOR OFFICE USE ONLY \*\*\*\*\*

Previous Violations at this Address? \_\_\_ Yes \_\_\_ No

Case Number(s) \_\_\_\_\_

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

