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

- ☐ Junk Yard
- ☐ Illegal Occupancy/Use
- ☐ Housing Code Violation
- ☐ Abandoned Vehicle
- ☐ Occupancy with Utilities Shut Off
- ☐ Building Without a Permit
- ☐ Water Use
- ☐ Other

Details of Violation:

_____

_____

_____

_____

_____

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 _____