

Telephone: Day: ( )

**Email Address:** 

## **Code Compliance Complaint Form**

County of Ventura • Resource Management Agency • Code Compliance Division 800 S. Victoria Ave, Ventura, CA. 93009 • 805 654-2800 • 805 477-1588 Fax

	Complaint Against		
Name: (if known)		Owner	Tenant
Site Address: (of problem) (Required)			
Location: (nearest cross street)			
Assessor's Parcel Number: (if known)	- 0 -	-	
Property Owner Name: (if different from	above)		
Describe Complaint: (this space has a 5	00 character limit, if you need m	ore space, please go to the next pa	age)
Have you noticed any of the following	g on the subject property, si	uch as recent police	No
activity, vicious dogs, armed or aggre Yes, explain:	essive occupants?		
	Complaining Party		
(This information will be kept	confidential unless ordered to	be released by court order.)	
Have you filed a complaint against the	is party before?	Yes	No
If yes, how many times, when, and wi	th which departments?		
Name:			
Address:			

Signature of Complainant: \_\_\_\_\_\_ D
(Required if submitted by fax or U.S. Mail)

Do you wish to receive copies of correspondence to the offending party?

Evening: (

)

Yes

Date:

No



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## **Continue Describing Complaint:**