

City of John Day

450 E Main Street

• Phone: (541) 575-0028 • FAX: (541) 575-3668



CODE ENFORCEMENT COMPLAINT FORM

Instructions: In order for your complaint to be accepted, you must fill in all questions completely and to the best of your knowledge. It is important that you supply as much detail as possible.

Date Submitted: _____
Casefile No.: _____ - _____

Address of Violation(s):		
City:	State:	Zip:
Nearest Cross Street:		
Residents Name:	Phone:	
Owner of Property:		
Address:		
City:	State:	Zip:

Details of Complaint: (<i>be specific</i>)

What direct impact does this complaint (violation) have on you, your property and/or your neighborhood?

ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION? IE: Dangerous or unstable residents, dogs, criminal activity, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please identify hazard in detail:
