



CITIZEN ACTION REQUEST

REQUEST TAKEN VIA:	PHONE	FAX	EMAIL	VOICEMAIL	IN PERSON
NAME OF REPORTING PARTY:				DATE:	
ADDRESS:		CITY	STATE	ZIP	
PHONE:		EMAIL:			

IF NECESSARY, MAY WE HAVE PERMISSION TO ENTER YOUR PROPERTY TO VIEW THE SUBJECT VIOLATION/CONDITION? YES NO

NATURE OF VIOLATION OR CONDITION (ATTACH SUPPLEMENTAL DOCUMENTATION IF APPROPRIATE):
ADDRESS OR LOCATION OF THE VIOLATION OR CONDITION:
HOW LONG HAS THE CONDITION EXISTED:

NAME(S) OF PERSON(S) INVOLVED:	ADDRESS:	PHONE NUMBER:

FOR STAFF USE ONLY

WHAT CORRECTIVE MEASURES WERE TAKEN, OR ASSISTANCE GIVEN:		
STAFF INITIALS:	DATE REC'D:	DATE FORWARDED TO C.E.O: