



# KLAMATH COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

Building Division, Planning Division, **Code Enforcement**, On-Site Sanitation, Parks and Solid Waste Division

305 Main Street, Klamath Falls, OR 97601  
(541) 851-3667 | Fax (541) 885-3644

## CODE ENFORCEMENT COMPLAINT FORM

Date: \_\_\_\_\_

Address of Violation(s): \_\_\_\_\_ City \_\_\_\_\_

Directions & Nearest Cross Street: \_\_\_\_\_

\_\_\_\_\_

Occupant: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Specific Details of Complaint:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any known or suspected hazards at this location? (Hazardous waste, dangerous or unstable residents, dogs, criminal activity, etc.) If so, please identify in detail:

\_\_\_\_\_

\_\_\_\_\_

**Complainant Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Alt. Phone or e-mail \_\_\_\_\_

Can violation be seen from the road? ( )YES ( )NO If not, what is the best inspection point? \_\_\_\_\_

Is the complainant a neighbor? ( )YES ( )NO

Do we have permission to use your property to view the violation?( )YES ( )NO

Will you testify in court should the need arise? ( )YES ( )NO

(Note: Your complaint may not be accepted without you being available to testify)

***By signing below, I hereby certify that all information submitted on and with this form is true and accurate to the best of my knowledge.***

**COMPLAINANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Map Tax Lot # \_\_\_\_\_ ZONING: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Owner Info: \_\_\_\_\_

Case Number: \_\_\_\_\_

Nuisance ( ) Building ( ) Planning ( ) On-Site ( ) Solid Waste ( ) Roads ( )

Complaint received by: \_\_\_\_\_ Date: \_\_\_\_\_

Code Enforcement Officer: \_\_\_\_\_

Violation: \_\_\_\_\_

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