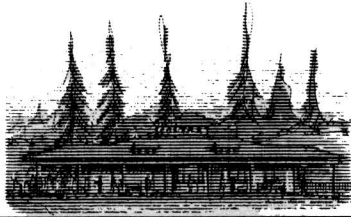


P.O. Box 702
33 S. Main Street
Colfax, CA 95713



530-346-2313
Fax 530-346-6214



NUISANCE ABATEMENT COMPLAINT FORM

"THIS FORM IS NOT A PUBLIC RECORD"

YOUR NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (_____) - _____ - _____

This report will assist the Code Enforcement Officer in investigating your complaint. Complete and accurate information with photographs and /or other additional information will and expedite this complaint.

NATURE OF COMPLAINT: _____

(Additional information and/ or directional map may be included on the back of this form.)

LOCATION OF COMPLAINT: _____

(Address and/or direction to location)

OWNERS NAME/PHONE (if known) _____

FOR OFFICE USE ONLY

ASSESSORS PARCEL NUMBER: _____ REFERRED TO: _____

DATE CLOSED: _____ BY: _____

FINAL DISPOSITION: _____
