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## DEPARTMENT OF COMMUNITY DEVELOPMENT

D"C"6cl %\* \* - , 7\ Y Ub, WA - , , %\*  
 TELEPHONE: (509) 6, &8\$%+ F: (509) 6, &, S) \$

### CODE VIOLATION CASE REQUEST FORM

**Df]bhBUa Y:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

THE CITY OF CHELAN MAKES NO REPRESENTATIONS THAT COMPLAINTS WILL BE KEPT CONFIDENTIAL. UNDER CHAPTER 42.56.240 (2) R.C.W., THE PUBLIC DISCLOSURE OF LAW, YOU AS THE COMPLAINANT, MAY INDICATE PREFERENCE FOR DISCLOSURE OF YOUR NAME TO INQUIRIES FROM THE PUBLIC. PLEASE INDICATE BY CHECKING THE APPROPRIATE BOX WHETHER YOU WISH TO DISCLOSE YOUR IDENTITY REGARDING PUBLIC INQUIRIES INTO THIS COMPLAINT. UPON SUCH AN INQUIRY, A DECISION OF DISCLOSURE WILL BE MADE BY THE CITY ATTORNEY ON A CASE BY CASE BASIS. HOWEVER, IF THE CASE IS FILED IN COURT, YOUR NAME MUST BE DISCLOSED IF YOU ARE TO BE A WITNESS.

YOU MAY DISCLOSE MY IDENTITY UPON PUBLIC INQUIRIES REGARDING THIS COMPLAINT.

YOU MAY NOT DISCLOSE MY IDENTITY UPON PUBLIC INQUIRIES REGARDING THIS COMPLAINT.

**7 ca d`U]bUbhSignature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INCOMPLETE INFORMATION MAY DEEM YOUR REQUEST INVALID,  
AND WILL RESULT IN NO ENFORCEMENT ACTION**

1. Name of property owner (alleged violator): \_\_\_\_\_
2. Location/Address of alleged violation: \_\_\_\_\_
3. Description of alleged violation/complaint:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. When did this alleged violation occur? \_\_\_\_\_
5. Is the alleged violation visible from the county road/private road/highway/easement? \_\_\_\_\_  
 Attached are pictures or supplemental information of alleged violation.
6. May we have permission to access your property to obtain documentation in the event that the property is not visible from public roads? \_\_\_\_\_
7. Have you discussed the alleged violation with the occupant/property owner? \_\_\_\_\_
8. Have you filed a previous complaint regarding this situation? If so, when?  
 \_\_\_\_\_  
 \_\_\_\_\_

**⤵ FOR OFFICIAL USE ONLY ⤵**

Case #:	Case Type: <input type="checkbox"/> Zoning <input type="checkbox"/> Health & Safety <input type="checkbox"/> Nuisances <input type="checkbox"/> Vehicles <input type="checkbox"/> Signs <input type="checkbox"/> Multiple _____ <input type="checkbox"/> Misc _____
Complaint Received Via: <input type="checkbox"/> In-person <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Phone Call <input type="checkbox"/> Fax	
Additional Comments:	

## VICINITY MAP

Provide written driving directions and a map to assist the Inspector in locating the subject property.

Vicinity map must show:

- (1) Location of property
- (2) Directional arrow indicating North
- (3) Any adjacent property addresses
- (4) Any landmarks adjacent to subject property
- (5) Nearest intersecting roadways; if applicable, include one major highway

**Driving Directions:**

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**ATTACH A LOCATION MAP or SKETCH BELOW**