



*Leading the Way*

**CITY OF KENNEWICK  
CODE ENFORCEMENT  
210 W. 6<sup>th</sup> Ave/PO Box 6108  
Kennewick, WA. 99336  
Phone: 582-1355 | FAX: 585-4250  
Code-Enforcement@ci.kennewick.wa.us**

**CODE ENFORCEMENT COMPLAINT FORM**

**ADDRESS OF VIOLATION** \_\_\_\_\_

If you do not know the specific address, be as descriptive as possible about its location. Failure to provide adequate details may result in the City being unable to investigate.

Include only one location per complaint form.

Please indicate if there are dogs at the location or any other information the Code Enforcement Officer should be aware of \_\_\_\_\_

**NATURE OF COMPLAINT** (Be concise and complete, including all necessary details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Character Limit 800

**NAME OF PERSON FILING COMPLAINT:**

**\*FULL NAME:** \_\_\_\_\_

**\*ADDRESS:** \_\_\_\_\_

**\*HOME PHONE:** \_\_\_\_\_ **\*CELLPHONE:** \_\_\_\_\_

**\*E-Mail:** \_\_\_\_\_

If necessary may we enter onto your property to view the alleged violation? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate if there are dogs at your location or any other information the Code Enforcement Officer should be aware of \_\_\_\_\_

**Anonymous Complaints Will Not Be Investigated**

**SIGNATURE OF COMPLAINANT** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*NOTICE: All information provided (including the identity of the complainant) is subject to disclosure under the Public Records Act (RCW 42.56) and will be released upon request without notice.*

**RESERVED FOR CODE ENFORCEMENT USE ONLY**

Case No. \_\_\_\_\_

Date Entered \_\_\_\_\_ Officer \_\_\_\_\_

45-Day Inspection Due \_\_\_\_\_ Repeat Offender \_\_\_\_\_

Owner Occupied \_\_\_\_\_ Vacant Lot \_\_\_\_\_

Closed: \_\_\_\_\_