



Date received:

**CODE ENFORCEMENT
REQUEST FOR INVESTIGATION**

Phone call: _____
Counter, Mail, Email: _____
Code Enforcement Officer: _____
Zone: _____

ADDRESS WHERE COMPLAINT IS OCCURRING: _____

PROPERTY OWNER'S NAME (IF KNOWN): _____

TENANTS NAME (IF KNOWN): _____

NATURE OF COMPLAINT: _____

NAME OF PERSON FILING COMPLAINT: _____

ADDRESS: _____ **(PHONE) HOME:** _____ **CELL #:** _____

SIGNATURE OF COMPLAINANT: _____ **Date** _____

Do you wish to remain anonymous? Yes ___ No ___

Do you feel threatened by the party about which you are making this complaint: Yes ___ No ___

If yes, please briefly explain: _____

SPACE BELOW RESERVED FOR CODE ENFORCEMENT USE ONLY

Date of 1 st Visit	OFFICERS COMMENTS	Application No.:
		KIB No.:
		15 Day Investigation Date:
		History No.:
		Civil: Yes No
		VCA: Yes No
	Owner occupied: Yes No	Abate: Yes No
	Vacant Lot: Yes No	Amount \$

**RETURN TO: CITY OF KENNEWICK
CODE ENFORCEMENT
210 W. 6th Ave. / PO BOX 6108
PHONE NO. 582-1355, 582-1354 OR 582-1353, FAX NO. 585-4250
KENNEWICK WA. 99336**