



CODE VIOLATION REPORTING FORM

Code Enforcement Unit • 1635 Grove Street, Marysville, WA 98270

FOR AGENCY USE	Date:	Case Number:	
VIOLATION INFORMATION			
Describe the violation, and provide any relevant comments			
	OWNER OF PROPERTY WHERE VIOLATION IS OCCURRING	PERSON REPORTING VIOLATION	WITNESS (if any)
Name			
Address			
City, State, ZIP			
Phone (home/office)			
Phone (cell)			
E-mail			
CONFIDENTIALITY			
<p>Under Chapter 42.56 RCW, the Public Records Act, a Complaint Form is a public record subject to disclosure. You, as a complainant, may request that your identity not be disclosed to the public. If you request that the City not disclose your identity, the City will attempt to honor your preference, but makes no assurances that your identity will not be made public. Additionally, if the complaint results in a case being filed in court, you will most likely be named as a witness and your identity will therefore be disclosed.</p>			
Please check one	<input type="checkbox"/> I request that the City attempt to keep my identifying information confidential <input type="checkbox"/> Upon a public records request, my identifying information may be disclosed		
CERTIFICATION			
<p><i>I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct (RCW 9A.72.085).</i></p>			

Signature (required)

Date