

# City of Tillamook

The Dairylands

## COMPLAINT FORM

**Instructions:** *It is important that you supply as much detail as possible. If you have any questions, feel free to call the office at 503-842-2472.*

**Date:** \_\_\_\_\_

**Location of Violation: (Address)** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Nearest Cross Street:** \_\_\_\_\_

**Complainant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Type of Complaint** *(please circle):*

**Land Use** (grass/weeds/yard)   
 **Environmental/Health** (animals/pollutants)   
 **Building Codes** (code violations)   
 **Riparian** (waterways, flood)   
 **Solid Waste** (abandoned vehicle/trash/garbage)

**Details of Complaint: (Be specific)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FOR OFFICE USE ONLY**

Agencies Contacted:

Planning	Sanitation	Building
Public Works	Health Dept	Water
ODFW	ODF	Other

Case Opened: \_\_\_\_\_

Case #: \_\_\_\_\_ Rec'd: \_\_\_\_\_ Taken By: \_\_\_\_\_ Assigned To: \_\_\_\_\_

Is the Resident a Renter/Tenant     Yes     No     Unknown

Resident's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**Twp** \_\_\_\_ **Range** \_\_\_\_ **Section** \_\_\_\_ **Tax Lot** \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Notification to Complainant: \_\_\_\_\_ Date: \_\_\_\_\_