Town of Paradise Complaint/Report Form

Complainant/Reporting Party Information										
Name:								Staff		
Note: ⇒	In many cases, if the violation cannot be viewed from the street <u>anonymous</u> complaint investigations may not be feasible.								•	
Address:										
Phone:										
Contact:	Check only if complainant/reporting party want follow-up contact? □									
Today's Date: Time:										
Note: Please provide any available contact information that you may have for the subject property:										
Address of violation:			APN:							
Name of owner/telephone:										
Name of tenant/telephone:										
Other contact information:										
Please describe the violation (who, what, where, when, why, how much, how long – dates if known):										
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Please answer the following questions if applicable:										
1. Approximately where on the property is the violation located?										
2. Can the violation be seen from the street or public property?										
3. Can the violation be seen from your property?										
4. If so, will you allow inspection from your property, including disclosing your name if necessary?										
5. If necessary, will you testify in court or before the Town Council? 6. Other information or begands Town stoff should be every of (dogs weepons drugs denomination)?										
6. Other information or hazards Town staff should be aware of (dogs, weapons, drugs, dangerous people)?										
Complainant/Paparting Party Signatura: V										
Complainant/Reporting Party Signature: X										
Town Sta				Prio	rity: High (ormal ()	Low ()
Report				_	_	Date:				
How repo	F	hone 🗆	Counter	Field \Box	E-mail \square	Other:				
Assign						Date:				
Reassign	ed to:					Date:				