Town of Paradise Complaint/Report Form

Name:		Complainant/Reporting Party Information
Note:	In many cases, if	Anonymous Anonymous Staff the violation cannot be viewed from the street anonymous complaint investigations may not be feasible.
Address:		and the same of th
Phone:		
Contact:	Check only if	complainant/reporting party wants follow-up contact?
Today's I		Time:
		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:		
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Please de	scribe the viola	tion (who, what, where, when, why, how much, how long – dates if known):
	•	

		ing questions if applicable:
		ere on the property is the violation located?
***************************************	·····	be seen from the street or public property?
		be seen from your property? w inspection from your property, including disclosing your name if necessary?
		you testify in court or before the Town Council?
		or hazards Town staff should be aware of (dogs, weapons, drugs, dangerous people)?
0. 0.	ner imormation	of flazards fown start should be aware of (dogs, weapons, drugs, dangerous people):
Commis	°	in a Danta Cinnatana W
Compia	inant/Report	ing Party Signature: X
Town Sta	ff Use	Priority: High () Normal () Low ()
Report		Date:
How repo	orted: Telephone	Counter Field E-mail Other:
Assign		Date:
Reassign	ed to:	Date:

Administrative Citation (AC) - Apparent Inoperative Vehicle (AV) - Compliance Inspection (CI) – In Front Of (IFO) - Notice of Violation (NOV)

Partial Compliance (PC) - Phone Call Made (PCM) – Phone Call Received (PCR) – Site Inspection (SI) - Voice Mail Left (VML) – Voice Mail Received (VMR)

Town of Paradise Complaint/Report Form Continued

Please describe the violation (who, what, where, when, why, how much, how long - dates if known) continued:			

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