



**PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT**

Planning Division

210 Lottie Street, Bellingham, WA 98225

Telephone: (360) 676-6982 Fax: (360) 738-7306 TTY: (360) 676-6883

**CODE ENFORCEMENT INVESTIGATION REQUEST**

**LOCATION OF PROBLEM/COMPLAINT:**

Address \_\_\_\_\_ Parcel # \_\_\_\_\_

Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Owner's Address (If Different) \_\_\_\_\_

Tenant \_\_\_\_\_ Telephone \_\_\_\_\_

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**PERSON INITIATING REQUEST:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number(day phone) \_\_\_\_\_

Under RCW 42.17.310(1), you as complainant may indicate a desire that your identity not be disclosed upon an inquiry from the public. Please indicate your preference by checking the appropriate box below. If there is a public inquiry, and you have indicated that you desire nondisclosure, your identity will remain confidential to the extent permitted by law. If this matter is filed as a case in court, your identity must be disclosed.

- You may disclose my identity upon public inquiry regarding this complaint.
- You may not disclose my identity upon public inquiries regarding this complaint, unless disclosure is required by law. (If this matter is filed as a case in court, your identity must be disclosed).

**NATURE OF PROBLEM/COMPLAINT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>STAFF USE ONLY</b>		
Case number _____	Date Received _____	Assigned to _____
Neighborhood _____	Area _____	Zoning _____
Code section(s) _____		
_____		
Research _____	Initial contact _____	
Inspection(s) _____	Notice to Comply _____	
Referred to CEO _____	CASE CLOSED _____	