



# City of Oroville

## Code Enforcement Department

1735 Montgomery Street  
Oroville, CA 95965-4897  
(530) 538-2435 FAX (530) 538-2426 Email: [code-violation@cityoforoville.org](mailto:code-violation@cityoforoville.org)  
[www.cityoforoville.org](http://www.cityoforoville.org)

### **COMPLAINT INVESTIGATION REQUEST**

- All requests are confidential.
- In order for the City to process this request, **requester must provide all information requested below.**
- The City will not process or respond to anonymous requests.

**THIS ENTIRE SECTION MUST BE COMPLETED BY THE PERSON FILING THE COMPLAINT**  
*(PLEASE PRINT CLEARLY)*

**PROPERTY LOCATION:** \_\_\_\_\_

**NATURE OF COMPLAINT** *(Check all appropriate items and describe your concerns)*

<input type="checkbox"/>	Unsanitary/Unsafe Property	<input type="checkbox"/>	Building Code Violation (work without a permit, etc...)	<input type="checkbox"/>	Hazardous obstruction
<input type="checkbox"/>	Trash, Junk, and/or Debris	<input type="checkbox"/>	Substandard Housing Condition	<input type="checkbox"/>	Zoning Violation
<input type="checkbox"/>	Overgrown and/or piles of vegetation	<input type="checkbox"/>	Deteriorated, dangerous, or unsafe building(s)	<input type="checkbox"/>	Fencing, Wall, or other type or barrier
<input type="checkbox"/>	Abandoned/inoperative vehicle	<input type="checkbox"/>	Improper or unapproved use or occupancy	<input type="checkbox"/>	Polluted water
<input type="checkbox"/>	Environmental (sewage, Chemical, etc...)	<input type="checkbox"/>	Encroachment into the Public right-of-way	<input type="checkbox"/>	Other (please specific in your description)

Description of the concerns checked above *(Please attach additional pages, if needed):*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell No: ( ) \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **THIS SECTION TO BE COMPLETED BY CITY PERSONNEL**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Case No: \_\_\_\_\_  
 Received by (Staff): \_\_\_\_\_ Initials: \_\_\_\_\_  
 Method Received:  Phone  Email  Mail  In-Person  City's Website

### **PROPERTY INFORMATION**

Property Owner: \_\_\_\_\_ APN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_ ( ) \_\_\_\_\_  
 Attachments (if any):  Picture(s)  Email(s)  Letter(s)  Other: \_\_\_\_\_