



CITY OF SNOHOMISH

P.O. BOX 1589 | SNOHOMISH, WASHINGTON 98291 | (360) 568-3115 | WWW.SNOHOMISHWA.GOV

CODE VIOLATION COMPLAINT

Date _____

DETAILS OF VIOLATION

Alleged Violator Name:	<input type="radio"/> Owner <input type="radio"/> Tenant
Violation Address/Location:	
Please describe the violation	
<p><i>Under the provisions of the Public Disclosure Law, RCW 42.56.240(2), the complainant may indicate a desire for disclosure or non-disclosure of their identity. If non-disclosure is chosen, the bottom portion of this form will not be released to the public. Please note, that if this case is filed in court, your name must be disclosed if you are to be a witness in the case.</i></p>	

The City of Snohomish investigates possible violations on a complaint basis only. Therefore, the name of the person filing the complaint must be provided.

COMPLAINANT INFORMATION

Printed Name:	
Address:	
Phone Number:	E-Mail:
<p>PLEASE SELECT ONE OF THE FOLLOWING:</p> <p><input type="radio"/> You may disclose my identity if requested</p> <p><input type="radio"/> You may NOT disclose my identity without my permission</p>	

Signature of Complainant _____

Date _____