



1510-B Third Street
Tillamook, OR 97141

Land of Cheese, Trees and Ocean Breeze

Building (503) 842-3407
Planning (503) 842-3408
On-Site Sanitation (503) 842-3409
FAX (503) 842-1819
Toll Free 1 (800) 488-8280

CODE ENFORCEMENT
COMPLAINT INTAKE FORM

Case Opened: _____ Case #: _____ Taken By: _____

Instructions: It is important that you supply as much detail as possible. Submit in person, by mail, FAX or email. If you have any questions, feel free to call our office at 842-3408 or come to Department of Community Development, 1510-B Third Street, Tillamook, OR 97141, hours 8:00 a.m. to 4:00 p.m.

Date: _____ Twp _____ Range _____ Section _____ Tax Lot _____

Location of Violation: Address _____

City: _____ State: _____ Zip: _____ Nearest Cross Street _____

Resident's Name: _____ Phone: _____

Is the resident a Renter/Tenant? Yes No Unknown

Owner's Name _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Color of building: _____ Special Directions to Location: _____

Type of Complaint:

- Land Use Env. / Health
- Riparian / Wetland Solid Waste: # of Vehicles / Trash / Garbage
- Public Works Building Codes

Details of Complaint: (Be specific) _____

ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION? (i.e.

Dangerous or unstable residents, dogs, criminal activity etc.)

YES NO UNKNOWN

If yes, Identify Hazard in detail: _____

AN EQUAL OPPORTUNITY EMPLOYER

This information will not be disclosed pursuant to ORS 192.355.

The complainant gives the Code Enforcement Officer permission to use their property for viewing violation:

Yes NO, if not, why: _____

Will you, the complainant, testify in court should the need arise? Yes No

(NOTE: your complaint may not be accepted without you being available to testify)

If you have photos, or other related information, that can be used as evidence of this violation, please submit them with this application. The submitted documentation will not be returned and will become part of the complaint file.

Complainant:

Your Name: _____ Telephone _____

Address: _____

City: _____ State: _____ Zip: _____

FOR OFFICE USE ONLY

Agencies Contacted:

_____ Planning	_____ Water	_____ Public Works
_____ Sanitation	_____ ODFW	_____ Health Dept
_____ Building	_____ ODF	_____ Other: _____

Closed in Tax Lot File: _____

Previous Code Enforcement Action _____

Comments: _____

