



**P. O. Box 487  
Merrill, OR 97633  
(541)798-5808  
(541)798-0145 (fax)**

Code Enforcement Citizens Complaint Form

Date: \_\_\_\_\_

Address of Violation(s): \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Occupant: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Specific Details of  
Complaint: \_\_\_\_\_

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

**Complainant:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Day time phone: \_\_\_\_\_ Alternate phone or email:

\_\_\_\_\_

Can violation be seen from the road? Yes or No

If not, what is the best inspection point?

\_\_\_\_\_

Is the complainant a neighbor? Yes or No

Do we have permission to use your property to view the violation? Yes or No

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

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

By signing below, I hereby certify that all information submitted is true and accurate to the best of my knowledge.

Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY

Case # \_\_\_\_\_

Nuisance \_\_\_ Building \_\_\_ Planning \_\_\_ Solid Waste \_\_\_ Roads \_\_\_ Side Walks \_\_\_

Complaint received by: \_\_\_\_\_

Code Enforcement Officer: \_\_\_\_\_