

Code Compliance Complaint Form

County of Ventura • Resource Management Agency • Code Compliance Division 800 S. Victoria Ave, Ventura, CA. 93009 • 805 654-2788 • 805 654-5177 Fax

	Complaint Against			
Name: (if known)			Owner	Tenant
Site Address: (of problem) (Required)				
Location: (nearest cross street)				
Assessor's Parcel Number: (if known)	- 0 -	-		
Property Owner Name: (if different from	above)			
Describe Complaint: (this space has a 5	500 character limit, if you need m	ore space, please go	o to the next p	page)
Have you noticed any of the following on the subject property, such as recent police No activity, vicious dogs, armed or aggressive occupants? Yes, explain:				
	Complaining Party			
(This information will be kept confidential unless ordered to be released by court order.)				
Have you filed a complaint against th	is party before?		Yes	No
If yes, how many times, when, and wi	ith which departments?			
Name:				
Address:				
Telephone: Day: ()	Evening: ()		
Email Address:				
Do you wish to receive copies of corr	respondence to the offendin	ig party?	Yes	No
Signature of Complainant:(Required if submitted by fax or U.S. Mail)			Date:	



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Continue Describing Complaint: