



# City of Oroville

## COMMUNITY DEVELOPMENT DEPARTMENT

**Donald Rust**  
DIRECTOR

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[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: \_\_\_\_\_