



**COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
BUILDING DIVISION**
P.O. Box 1609, Mammoth Lakes, CA 93546
Phone: (760) 965-3630
Fax: (760) 934-7493
www.townofmammothlakes.ca.gov

Complaint Form / Violation Report

Please print legible and provide complete address.

Date: _____

Location/Address of Complaint

Full Address : _____

Additional location description: _____

Property Owner/Person's
Responsible (if known): _____

Is the property: Occupied Vacant Unknown
Is the violation visible from the street? No Yes
Have you reported this issue before? No Yes, when _____

Nature of Complaint
Please Describe:

Complainant Information

Reporting party name: _____

Address: _____

Telephone Number: _____ E-mail: _____

Signature: _____

To the extent possible, your identity will be maintained as confidential. Investigation will be initiated upon the complete information submittal of this form.

<u>Town Staff Use Only</u>	
File Creation: <input type="checkbox"/> Y / <input type="checkbox"/> N	Case File Number: _____
APN: _____	Code Reference(s): _____
Refer to: [] Code Compliance [] Building [] Planning [] Engineering [] Finance [] Police Dept [] Risk Mgmt	
Date: _____ [] Admin [] Mono County Health Dept [] Other: _____	