CITY OF PORT ORFORD COMPLAINT FORM (CITIZEN)

DATE:	TIME:	ASSIGNED TO:	
Address of complaint			
COMPLAINANT:			
ADDRESS:			
COMPLAINT:			

ACTION TAKEN (CITY STAFF ONLY)

Bill sent CERTIFIED w/ord Property lien:	dinance (30 days)
Crew directed to:	
Re-Inspection of site: YES-NO	Date Due:
Owner=s response:	Date Due:
Letter sent CERTIFIED and property po	ostedOR Citation Issued:
Re-Inspection of site: YES-NO	Date Due:
Owner=s response: Due:	Date
Letter mailed to owner (date)	OR Correction notice left at site
Inspection (date)to:	OR Routed