MCCALL IMPACT AREA
CITIZEN CODE COMPLAINT FORM

Complainant Name: ____________________________________________
Email: _______________________________________________________
Address: _____________________________________________________
Telephone: ____________________________________________________

If needed, are you willing to testify in court regarding your observations of the reported code violation? □ YES □ NO

Description of Violation (attach additional pages as needed): ____________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Location of Violation: _____________________________________________________________
When did you first notice the violation? ________________________________________________
Has anything changed since you first noticed the violation? ________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Please provide photo documentation of the reported violation with this form.

Signature of Complainant: ________________________________________________

Date Received: _______________ Received By: _______________
