

**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: _____