For official use only:

☐ **BUILDING DEPARTMENT** ☐ **CODE ENFORCEMENT** ☐ **ENVIRONMENTAL HEALTH**
☐ **PUBLIC WORKS/ENGINEERING** ☐ **ROAD DEPARTMENT** ☐ **PLANNING DEPARTMENT**

1130 Civic Center Blvd, Yuba City, CA 95993
(530) 822-7400 Fax (530) 822-7220
Email codeenf@co.sutter.ca.us

SUTTER COUNTY
COMPLAINT FORM

Your Name:_____

Telephone:_____ Email:_____

Mailing Address:_____
street address City State Zip Code

Your Signature:_____Date:_____

CONFIDENTIALITY NOTE: Only written and signed complaints can be investigated. The County's practice is to redact the complainant's name, contact information, and signature set forth above before releasing the form in response to a Public Records Act (PRA) request. However, the remainder of this form may be made available to the public in accordance with the PRA. Moreover, if legal action is subsequently taken, it may become necessary for the County to specifically identify the complainant.

This report will assist the County Departments in investigating your complaint. Complete and accurate information with photographs and/or additional documentation will assist in expediting this review. **Complaints regarding activities/uses involving potential health or safety hazards will be given priority. All other complaints will be investigated in sequential order as thev are received.**

Type of Complaint:_____
_____
_____
_____
_____
_____

(additional information and /or a directional map may be included on the back of this form or as an attachment. All such information will be treated as a public and released in non-redacted form.)

Address or APN of Violation:_____
Dog(s) on property? ☐Yes ☐No

Property Owner:_____Telephone:_____

Address:_____
Street Address City State Zip Code

Tenant:_____Telephone:_____

Address:_____
Street Address City State Zip Code

THIS FORM IS A PUBLIC RECORD. (See confidentiality note above.)