



P.O. Box 320 • 22017 SE Wax Road, Suite #200 • Maple Valley, WA 98038

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## COMMUNITY DEVELOPMENT CODE ENFORCEMENT REQUEST FORM

File No. \_\_\_\_\_

Date \_\_\_\_\_ Contact Via: Walk-In \_\_\_\_\_ Telephone \_\_\_\_\_ Mail \_\_\_\_\_ E-mail \_\_\_\_\_

Complainant: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Subject Property: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Legal Address: \_\_\_\_\_

Complaint: \_\_\_\_\_

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Action: \_\_\_\_\_

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Resolution: \_\_\_\_\_

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