CITY OF MONTAGUE COMPLAINT FORM

Complainant's Name: _				
Mailing Address:	C4-4 7	•	DI	
City:	State: Zi	ıp:	Phone:	
State interest in property Other	/ involved: Renter	_ Adjacent Prope	rty Owner	Concerned Citizen
Briefly explain complain	nt:			
Site Information: Proper	rty Owner:			
Address or property loca	ation where the alleged	violation exists:		
If necessary, would you	testify in a Court of La	w? Yes No _	_	
Signature of Complainant:		Date:		
	FOR OFFICI	AL USE ONLY	•	
Received by:		Date: AP# T N, R, Section		
File Number:	AP#	T	N, R	, Section
Zoning:				
Appropriate Agency(ies) for Follow-up Investig	gation:		
Code Enforcement	Planning Dept.	Building Dept.		Public Health
City of Montague	Siskiyou County	Siskiyou County		Siskiyou County
PO Box 428	806 S. Main St	806 S. Main St.		806 S. Main St.
Montague, CA 96064	Yreka, CA 96097	Yreka, CA 96097		Yreka, CA 96097
459-3476	841-2100, ext 4	841-2100, ext 3		841-2100
Date of Field Inspection:By:				
Violation of Code Section				
Date First Notice:		Date Final Notice	 :e:	
(sent to property owner) (sent to property owner)				
Date Citation Issued: Court Date:				
Date Submitted to District Attorney: Court Date:				
		Case Closed Date:		
Supervisor's Signature:		D /		

California Government Code Section 6254 Record of Complaint are not public record until or unless made a part of another record which is public record. At such time all records become public record. Until such time no agent of the City or County will discuss the specifics of this case with the complainant or public.