CODE ENFORCEMENT COMPLAINT FORM CASE: _____

RATHDRUM POLICE DEPARTMENT
8178 W MAIN STREET
RATHDRUM, ID 83858
OFFICE: 208-687-0711
FAX: 208-687-6959

Please complete all applicable information and return to the above address. Provide as many details as possible including a specific address, license plate number, details and nature of nuisance.

VIOLATION INFORMATION: One address per form

1- Address of property being complained about:_____
_____

2- Property owner or occupant(if known):_____
_____

3- How long has the violation existed: _____
_____

4- Complaint details: _____
_____
_____
_____

COMPLAINTANT INFORMATION

Print name: _____

Address: _____

Contact: _____Home Phone: _____

Signature filing complaint: _____

FOR OFFICE USE ONLY

Signature of person taking complaint: _____
Date: _____ Title: _____
Valid complaint: [ ] YES [ ] NO Date: _____

NOTE: If complaint is valid, start file with case number. If complaint is not valid, enter this form into the non-valid hard copy file and save for reference.