



**City of Rathdrum**  
8047 W. Main Street  
Rathdrum, ID 83858  
Phone: (208) 687-2700  
Fax: (208) 687-1377  
www.rathdrum.org

# REQUEST FOR CITY CODE VIOLATION INSPECTION

Information of Requestor\* (anonymous requests will not be accepted):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Contact me by:  Phone  Email

Alleged Violation or Complaint (provide specific details):

If additional space is needed, please attach additional page(s), including any photos or other evidence available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Violation Property Address: \_\_\_\_\_

Code Violation (Title and Chapter, if known): \_\_\_\_\_

Violation Property Contact (if known): \_\_\_\_\_

Owner  Agent/Manager/Responsible Party  Tenant/Lessee

**I understand that the information submitted on this form is a matter of public record and acknowledge that if the complaint results in a criminal action being filed, I may be required to appear to testify. I declare under penalty of the perjury laws that the information I have provided on this form and any attached or related documents is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For City Use:**

Date request submitted: \_\_\_\_\_ Accepted by: \_\_\_\_\_

Follow-up/Action:  Administration  Planning  Building  Public Works  Finance

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_