



CODE ENFORCEMENT Complaint Form

922 MACHIN AVE.
NOVATO CA 94945
415-899-8989
novato.org
Code Enforcement Division

Complaint No. CE-____-____

Please print clearly

*Location of Violation:

APN:

Property Owner Name (if known):

Number:

Address:

Email:

Resident's Name (if known):

Number:

Email:

Other:

***Your information: Complainant's information is confidential. Anonymous complaints cannot be processed**

Name:

Address:

Phone number:

Email:

Date:

Description of Complaint: Please be specific and print clearly OR check a box to the corresponding issue.

- Property Maintenance Vehicle Parking/Repair (private property) Home Occupation
- Mold/Moisture Blocked Sidewalk/Line of Sight Noise/Light Glare Signs
- Work without Permit Animal Keeping Pest Issue (rodent/bug) Cannabis/smoking
- Accumulation of debris/junk Graffiti Unsafe structure Short Term Rental

Please check a box to the corresponding issue above OR describe the complaint. Be specific and print clearly.

For staff use only:

**Required information*

Received by: _____	Date: _____
Officer Assigned: _____	Date: _____
Action taken: _____	

