# Madera County Code Enforcement
**Complaint Form**

## Violation Information
- **Name of parcel owner (if Known):**
- **Address of violation or Assessor’s Parcel Number (APN):**
- **City:** [ ]  **State:** [ ]  **ZIP Code:** [ ]

## Renter’s Information (If applicable)
- **Name of renter:**
- **Phone:**
- **City:** [ ]  **State:** [ ]  **ZIP Code:** [ ]

## Type of Violation
*Select one or more violation categories that apply:

- [ ] Damaged/dangerous buildings
- [ ] Substandard Housing
- [ ] Vacant building open to entry
- [ ] Waste/ Refuse/ Garbage
- [ ] Abandoned vehicle(s)
- [ ] Zoning: Use not authorized
- [ ] Outdoor storage of junk (Junkyards, Trash, Debris)
- [ ] Illegal Unit
- [ ] Occupation of Recreational Vehicle
- [ ] Home Occupation
- [ ] Business without a business license
- [ ] Construction without permits
- [ ] Livestock in a residential zone
- [ ] Other – Explain:

## Parcel Information

- **Is this residential property?**
  - [ ] Single family
  - [ ] Duplex
  - [ ] Multi-family

- **Is this commercial property?**
  - [ ] Retail sales
  - [ ] Offices
  - [ ] Restaurant

- **Is this unimproved land?**
  - [ ] Yes
  - [ ] No

- **Is this work currently in progress?**
  - [ ] Yes
  - [ ] No
  - [ ] Completed?

- **Can the violation be observed from the public right of way?**
  - [ ] Yes
  - [ ] No

- **Will you provide access to the officer if necessary?**
  - [ ] Yes
  - [ ] No

- **Is there any known illegal activity on the site?**
  - [ ] Yes
  - [ ] No

- **Are there loose pets at the site?**
  - [ ] Yes
  - [ ] No

**Explain:**

## Your Information
*NOTE: This complaint will not be accepted unless you provide the following information and a signature. (This Information will be kept confidential except by court order.)*

- **Name (Please Print):**
- **Address:**
- **Phone:**
- **E-mail:**
- **Fax:**
- **City:** [ ]  **State:** [ ]  **ZIP Code:** [ ]
- **Daytime phone#:** (   )  **Cell Phone#:** (   )  **Home Phone#:**

## Signature
- **Signature:** [ ]  **Date:** [ ]
FILL OUT AS COMPLETELY AS POSSIBLE. THE MORE INFORMATION AVAILABLE THE BETTER SERVICE WE CAN PROVIDE. IMPORTANT: WE MUST HAVE THE CORRECT ADDRESS OF THE VIOLATION. PLEASE ATTACH ANY ADDITIONAL INFORMATION OR SKETCHES.

RETURN THE COMPLETED FORM AND KEEP US INFORMED OF ANY IMPROVEMENT OR LACK OF IMPROVEMENT. WE RELY ON YOU TO REQUEST FURTHER SERVICE WHEN NEEDED!

WHAT HAPPENS WHEN AFTER YOUR REQUEST IS RECEIVED:

1. A WRITTEN SUMMARY OF THE COMPLAINT AND SUGGESTIONS FOR SOLUTION WILL BE MAILED TO THE RESPONSIBLE PARTY OR PARTIES. WE HAVE FOUND THAT MOST PEOPLE WILL BEGIN CORRECTIVE ACTION AS SOON AS THEY RECEIVE THIS FIRST NOTICE.

2. THE AVERAGE RESPONSE TIME TO A COMPLAINT IS 10 TO 30 DAYS DEPENDING ON THE TYPE OF COMPLAINT.

After the form has been completely filled out, please return to:

Madera County Code Enforcement
200 W. 4th Street
Madera, CA 93637