



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:**

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

Parcel Information

Is this residential property?	<input type="checkbox"/> Single family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Multi-family
Is this commercial property?	<input type="checkbox"/> Retail sales	<input type="checkbox"/> Offices	<input type="checkbox"/> Restaurant
Is this unimproved land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Is this work currently in progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
When was the work started?	<input type="checkbox"/> _____	<input type="checkbox"/> Completed?	_____
Can the violation be observed from the public right of way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Will you provide access to the officer if necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there any known illegal activity on the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there loose pets at the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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