



Skamania County

Code Violation/Nuisance/Complaint

Report Form

Reported by (name): _____

Address: _____

Phone Number: _____

CONFIDENTIAL? ____YES ____ NO
(RCW 42.17.310(e): if at the time a complaint is filed the complainant, victim, or witness indicates a desire for disclosure or nondisclosure, such desire will govern).

LOCATION OF INCIDENT (physical address and/or tax lot number): _____

OCCUPANT/PROPERTY OWNER'S NAME: _____

DATE/TIME OF INCIDENT: _____

DETAILS OF INCIDENT: _____

(please use back of form if additional space is needed)

-----Below this line if for official use only-----

Report Received By: _____

Date: _____

Copies of this report have been referred to the following Departments:

Community Development: _____

Public Works: _____

Sheriff: _____

Board of County Commissioners: _____

Prosecutor: _____

Other: _____

Action Taken/Date: _____

Follow Up Communication/Date: _____