



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 shall 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 is 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: _____

