

City of Deer Park
316 East Crawford Street PO Box F Deer Park, WA 99006
Phone (509) 276-8801 Fax (509) 276-5764
Citizens Action Request

Received By: _____

Date: _____

Referred To: _____

Date: _____

THIS SECTION MUST BE COMPLETED FOR THE CITY TO TAKE ACTION

COMPLAINANT'S INFORMATION:

NAME: _____

ADDRESS: _____

PHONE NUMBER: DAYTIME _____ EVENING _____

IF NECESSARY, MAY WE HAVE PERMISSION TO ENTER YOUR PROPERTY TO VIEW THE SUBJECT VIOLATION? YES NO

SIGNATURE _____ **DATE:** _____

Confidentiality Preference: Information revealing the identity of persons who are witnesses to or victims of a crime or who file complaints with this agency is exempt from public disclosure, if disclosure would endanger any person's life, physical safety or property. (RCW 42.56240(2))

PLEASE INDICATE YOUR DESIRE FOR DISCLOSURE OR NON-DISCLOSURE OF YOUR IDENTITY BY CHECKING THE APPROPRIATE BOX, AND SIGN AND DATE BELOW. Such desire shall govern subject to application of the Public Records Act, other applicable laws and whether the complaint is criminally prosecuted.

My identity can be disclosed. **Do not** disclose my identity. I believe disclosure would endanger my life, physical safety or property.

THIS SECTION IS ABOUT THE ALLEGED VIOLATION – BE CONCISE AND COMPLETE

NATURE OF VIOLATION (CONTINUE ON SEPARATE SHEET IF NECESSARY): _____

HOW LONG HAS THE VIOLATION EXISTED (IF KNOWN) : _____

ADDRESS OF THE VIOLATION: _____

NAME OF PROPERTY OWNER (IF KNOWN): _____

NAME OF OCCUPANT(S) OF THE PROPERTY (IF KNOWN): _____