



City Attorney's Office  
 Code Enforcement Division  
 204 East Cook Street  
 Santa Maria, Ca 93454  
 (805) 925-0951 Ext. 2420  
 Fax (805) 928-1275

City of Santa Maria

(Please submit in person, by fax or by U.S. mail)

# CODE ENFORCEMENT SERVICE REQUEST FORM

~CONFIDENTIAL~

Although anonymous requests are not accepted, all information regarding who submitted the complaint is kept confidential.

Please print clearly and fill out this form completely. We can not investigate unless you provide all the information requested below.

**Address of Violation:** \_\_\_\_\_ **Date observed:** \_\_\_\_\_  
 (If no formal address is available, please provide a general description of area. i.e. 100 block ABC St.)

**Owner's/Occupant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 (If known)

**Owner's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 (If known)

**Nature/Description of Complaint:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Complainant:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
 (Person Filing Complaint)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Complainant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I request that my name be kept confidential  Yes  No

~ FOR CODE ENFORCEMENT OFFICE USE ONLY ~

APN: \_\_\_\_\_ CASE NO: \_\_\_\_\_ OFFICER: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 1 Conv/Dwelling Units
- 2 Conv/Covered Parking
- 3 Home Occupations
- 4 Signs
- 5 CUP/PD/Zoning Permits
- 6 Outside Display of Merchandise
- 7 Parking on Front Unpaved
- 8 Keeping of Roosters
- 9 Abandoned/Inop Vehicles
- 10 Business in Res. District
- 11 Noise Reg. (Barking Dogs)

- 12 Trash, Rubbish, Junk, Weeds
- 13 Property Nuisance
- 14 Building/Remodel w/o permits
- 15 Substandard Living Cond.
- 16 Living in Recreational Vehicles
- 17 Miscellaneous
- 18 Legal Recordings
- 19 Sales w/o Permits (Yard/Moving)
- 20 Camping Ord./Storage in RW
- 21 No Business License
- 22 Overcrowding/Boarding House

- 23 Vector Control
- 24 SWMP - Waste Water
- 25 Back Flow
- 26 \_\_\_\_\_

Date Stamp:



Oficina Fiscal de la Ciudad  
 División de Cumplimiento de Códigos  
 204 East Cook Street  
 Santa Maria, Ca 93454  
 (805) 925-0951 Ext. 2420  
 Fax (805) 928-1275

City of Santa Maria

(Por favor, entreguelo personalmente o envíe por fax/correo)

**FORMULARIO DE SOLICITUD PARA EL CUMPLIMIENTO DE CODIGOS**

~CONFIDENCIAL~

Aunque las solicitudes anónimas no se aceptan, toda la información respecto a quién presentó la queja se mantendrá confidencial.

Por favor escriba claramente y llene este formulario completamente. No podemos investigar a menos que proporcione toda la información solicitada a continuación.

**Dirección de Violación:** \_\_\_\_\_ **Fecha de observación:** \_\_\_\_\_  
 (Si no hay una dirección formal disponible, por favor proporcione una descripción general del área. es decir, El Bloque100 ABC St.)

**Nombre del Propietario/Ocupante:** \_\_\_\_\_ **Teléfono:** (\_\_\_\_) \_\_\_\_\_  
 (Si se conoce)

**Dirección del Propietario:** \_\_\_\_\_ **Ciudad:** \_\_\_\_\_ **Codigo Postal:** \_\_\_\_\_  
 (Si se conoce)

**Naturaleza/Descripción de la queja:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Denunciante:** \_\_\_\_\_ **Teléfono:** (\_\_\_\_) \_\_\_\_\_  
 (Persona que esta presentando la queja)

**Domicilio:** \_\_\_\_\_ **Ciudad:** \_\_\_\_\_ **Codigo Postal:** \_\_\_\_\_

**Firma del Denunciante:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

Solicito que mi nombre se mantenga confidencial  Si  No

~ USO EXCLUSIVO PARA LA OFICINA DE CUMPLIMIENTO DE CÓDIGO ~

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Comments: \_\_\_\_\_  
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