



City of Santa Maria

Community Development
Code Enforcement Division
110 South Pine Street #107
Santa Maria, CA 93458
(805) 925-0951 Ext. 2420
Fax (805) 928-0535

(Please submit 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:
Owner's/Occupant's Name: Phone:
Owner's Address: City: Zip:
Nature/Description of Complaint:

Complainant: Phone:
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:

Date stamp box



División de Cumplimiento de Códigos
 110 South Pine Street #107
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 Fax (805) 928-0535

City of Santa Maria

Por favor, envíelo por fax o por 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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