



City of Edmonds

Development Services Department
121 5th Avenue North
Edmonds, WA 98020
Phone: 425.771.0220 Fax: 425.771.0221
Email: codeenforcement@ci.edmonds.wa.us

Date Received: _____

For City Use Only:
File No: _____
1. _____
2. _____

REQUEST FOR CODE ENFORCEMENT ACTION

If you have distinctive handwriting you may choose to type this form.

Alleged Violator's Name/Phone: _____

Violation Address or Site Location: _____

DETAILS OF REQUEST: (Please be accurate, complete and specific) _____

The upper portion of this form is considered to be a disclosable record under State Public Disclosure Law and will be photocopied and disseminated upon request. Any supplemental information provided with this complaint, including but not limited to: letters, photographs, drawings, notes, telephone records, contracts, etc. may also be disclosed under some circumstances if required by law.

The City of Edmonds investigates possible violations on a request basis only. Therefore, the name of the person filing the request must be provided in order for the city to investigate.

Name (please print): _____ Phone: _____

(Area Code)

Address: _____

(Street Address)

(City)

(State)

(Zip)

(email address)

Pursuant to State Public Disclosure Law RCW 42.56.240(2), the complainant may indicate a request for non-disclosure of their name and identity. If non-disclosure is desired, the bottom portion of this form which indicates your identity as a complainant, will be redacted (blacked out) prior to public disclosure.

Please be advised, the majority of violations are resolved without the release of request information. HOWEVER, IF THE CITY IS REQUIRED TO USE LEGAL PROCEEDINGS TO RESOLVE THIS REQUEST FOR ACTION AND/OR VIOLATION, THIS ENTIRE FORM AND SUPPLEMENTAL INFORMATION MAY BE DISCLOSED AS PUBLIC INFORMATION.

If you do not want your identity disclosed, check the box and sign on the line provided. Thank you.

DO NOT DISCLOSE MY IDENTITY

Signature: _____

Date _____