



City of Mt Shasta - Complaint Form

City of Mt Shasta
305 N. Mt. Shasta Blvd
Mt. Shasta, CA 96067
Phone: 530-926-7510
Fax: 530-926-7521

Date: _____

Complainant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

State interest in property involved: Renter ☐ Adjacent Property Owner ☐ Concerned Citizen ☐ Other ☐

Briefly explain complaint: _____

Site Information - Property Owner: _____

Address or property location where the alleged violation exists: _____

Signature of Complainant: _____ Date: _____

FOR OFFICIAL USE ONLY

Employee Name: _____ Date: _____ AP#: _____ Zoning: _____

Appropriate Department (s) for Follow-up Investigation:

Building ☐ Planning Department ☐ Public Works ☐ Code Enforcement ☐ Police ☐

Date of Field Inspection: _____ By: _____

Violation of Code Section: _____

Dates First Notice: _____ Dates Final Notice: _____
(Sent to property owner) (Sent to property owner)

Date citation issued: _____ Compliance Date: _____

Supervisor's Name: _____ Signature of Supervisor: _____ Date: _____