



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

City of Mt. Shasta Code Enforcement Complaint Form

Date: _____

Property Address: _____

Property Owner (if known): _____

Briefly explain complaint: _____

OPTIONAL INFORMATION

I would like to receive follow-up information related to this complaint.

Name: _____

Address: _____

Phone Number: _____

Email: _____

My preferred Method of Contact is: Written Letter Email Phone Call Other: _____

FOR OFFICE USE ONLY

Date Complaint Received: _____

Violation Code Section: _____

Date of On-site Inspection: _____

Inspection Findings: _____

Course of Action: _____

Date of Follow-up: _____

Was Compliance Reached? YES NO **Compliance Date:** _____

Follow-Up Course of Action: _____
