

**CITY OF PACIFIC GROVE**  
**CODE COMPLIANCE PROGRAM**  
**CODE COMPLIANCE REQUEST**

<b>Address of Alleged Violation(s):</b> _____ <b>Assessor Parcel Number (APN):</b> _____	<small>(To be completed by staff)</small> <b>Date Stamp</b> <b>Case No:</b> _____ <b>Zoning:</b> _____
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Referred by CCO to:  Building  Fire  Police  Public Works  Housing  Other \_\_\_\_\_

**Complainant – Please complete the following information:**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Alleged Violation:** \_\_\_\_\_

Describe the alleged Municipal Code violation(s) including any supporting evidence or testimony regarding the alleged violation(s) and names of witnesses and contact information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complainant, please also complete following information, if known by you:**

Property Owner of Affected Property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

Email (if known): \_\_\_\_\_

Tenant Name and Contact Information: \_\_\_\_\_

**Other information (Attach Materials as Needed) :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complainant Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_