

**City of Santa Cruz
Building/Zoning Complaint Form**

CE Number: _____

Enf. Officer: _____

Complaint Received By: _____

Date Received: _____

NOTICE TO COMPLAINANT: you must fill out all of the lines preceded by asterisks **** below and return to: Planning Department, City of Santa Cruz, 809 Center Street, Room 206, Santa Cruz, CA 95060. **ANONYMOUS COMPLAINTS, complaints with incomplete or unverifiable complainant information, or complaints with insufficient detail to show reasonable cause for investigation WILL NOT BE INVESTIGATED.**

VIOLATION ADDRESS: _____ Zip: _____

Property Owner: _____ Phone: _____

Address: _____ Zip: _____

Occupant: (if not owner) _____ Phone: _____

BUSINESS NAME: (if a business) _____

Business Owner: _____ Phone: _____

Business Mailing Address: _____ Zip: _____

Complainant information is required and is confidential.

COMPLAINANT NAME: _____ Phone: _____

ADDRESS: _____

DESCRIBE COMPLAINT (continue on reverse) _____

This Area for Staff Use Only

APN: _____ **Zone:** _____

Staff Comments _____

CASE REFERRED TO _____

CASE CLOSED _____

Compliance Closure Code: _____ Date _____ By _____