

PLEASE NOTE: The Code Enforcement Division does NOT accept verbal complaints. Please use this Code Violation Complaint Form (forms may be obtained in person, by mail, fax, or email: [scastello@cityofshastalake.org](mailto:scastello@cityofshastalake.org)) This will allow the Code Enforcement Division to focus on true and accurate complaints while discouraging false reporting. The Code Enforcement Division is located within the Development Services Office, along with the Building and Planning Divisions, at 4477 Main Street in the City of Shasta Lake. Phone (530) 275-7460



**CODE ENFORCEMENT DIVISION**  
4477 Main Street, Shasta Lake, CA 96019

**CODE VIOLATION COMPLAINT**

ADDRESS OF VIOLATION \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER \_\_\_\_\_

OWNER NAME \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

TENANT NAME \_\_\_\_\_

VIOLATION TYPE

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Junk Yard              | <input type="checkbox"/> Abandoned Vehicle                 |                                |
| <input type="checkbox"/> Illegal Occupancy/Use  | <input type="checkbox"/> Occupancy with Utilities Shut Off |                                |
| <input type="checkbox"/> Housing Code Violation | <input type="checkbox"/> Building without a Permit         | <input type="checkbox"/> Other |

Details of Violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If additional space is needed please use the back of this form.

REPORTING INDIVIDUAL INFORMATION

**This information will be kept confidential except by court order.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

I declare under penalty of perjury that the facts above are true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* SPACE BELOW FOR OFFICE USE ONLY \*\*\*\*\*

Previous Violations at this Address?  Yes  No

Case Number(s) \_\_\_\_\_

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

