



Building, Planning and Engineering Dept.
Sedro-Woolley Municipal Building
325 Metcalf Street
Sedro-Woolley, WA 98284
Phone (360) 855-0771
Fax (360) 855-0733

Request for Investigation

CE-1

Violation Location or Address: _____

Violator Name: _____ Phone #: _____

Property Owner (if known): _____

Owners Address: _____

City: _____ State: _____ Zip: _____

Parcel #: _____

Details of Complaint: _____

_____ (Attach additional pages if necessary.)

NOTE: You as complainant may indicate a preference for disclosure or non-disclosure of your name to inquiries from the public. If you choose to keep your name confidential, the complainant information will be removed from this form. **Please keep in mind the upper portion of this form is public record!**

- You may disclose my identity upon public inquiries regarding this complaint.
- You may not disclose my identity upon public inquiries regarding this complaint without my permission, unless required by a court of law.

Please be advised: if this case is filed in court, your name must be disclosed **IF** you are to be a witness in the case.

COMPLAINANT INFORMATION:

Name: _____

Home Phone: _____ Work Phone: _____ email: _____

Address: _____ City: _____ Zip: _____

Signature of Complainant: _____

FOR OFFICIAL USE ONLY

Staff Member

Date

SWPD Incident report #

Action Taken:

Follow Up Required? YES NO
(If yes please describe)

Final Disposition of Request:

- Investigation Request Closed, No Further Action Required
- Request Referred to _____ for further action.
- Code Enforcement File opened. Number: _____
IWORQ # _____
Name: _____ Date: _____

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