

CODE ENFORCEMENT COMPLAINT FORM



CITY OF
CACHE

404 West C Ave
Cache, Oklahoma 73527
Phone: 580-429-3354 Ext 3
Fax: 580-429-3092

Violation Location and Property Owner

Address: _____

Additional Location Information: _____

Name of Property Owner: _____ Phone : _____

Property Owner's Mailing Address: _____

Reporting Party Information:

Reporting Party Name: _____ Phone : _____

Mailing Address: _____

Example of Complaints (please choose one):

- | | |
|---|---|
| <input type="checkbox"/> Junk, Trash and Debris | <input type="checkbox"/> Illegal Dumping, Tires. Etc. |
| <input type="checkbox"/> Harborage or Vermin | <input type="checkbox"/> Blocking Right of Way |
| <input type="checkbox"/> Unsafe Structure | <input type="checkbox"/> Illegal Sign |
| <input type="checkbox"/> High Grass | <input type="checkbox"/> Fill Violation |
| <input type="checkbox"/> Abandoned/Inoperable Vehicle | <input type="checkbox"/> Drainage |
| <input type="checkbox"/> Blighted/dangerous structure | <input type="checkbox"/> Permit Violation |
| <input type="checkbox"/> Other (Please Explain) _____ | |

Nature of Complaint

You may disclose my identity upon public inquiries regarding this complaint. You may not disclose my identity upon public inquiries regarding this complaint without permission.

****Please note, your name must be disclosed if you are identified as a witness in an administrative or court proceeding concerning this matter, or if otherwise required by an administrative or court order.*

FOR OFFICE USE ONLY

Received By: _____	Date Received: _____
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