



CITY OF LOS ALTOS COMPLAINT FORM

DATE: _____ RECEIVED BY: _____

PERSON FILING COMPLAINT:

NAME: _____

ADDRESS: _____

PHONE: _____

BRIEF DESCRIPTION OF COMPLAINT:

LOCATION: _____

NAME OF OWNER: (If Known) _____

FOR OFFICE USE ONLY

DISPOSITION

DATE OF INSPECTION: _____ BY: _____

FINDINGS: _____

OWNER CONTACTED: YES/NO

NOTE LEFT: YES/NO

NOTES: _____

VIOLATION CORRECTED: YES/NO

DATE: _____