



COMMUNITY DEVELOPMENT SERVICES

DEPARTMENT OF TRANSPORTATION

<http://www.edcgov.us/DOT/>

INFORMATION REQUEST FORM – COMPLAINT

Request Number: _____ Date Received By DOT _____ DOT Staff Initials _____

To determine whether a code violation exists and /or what corrective solutions are necessary, complete this form with accurate information. Include photographs (if available). Provide additional documentation to assist in expediting this review. Inquiries regarding potential health or safety hazards will be given priority; all other inquiries will be processed in sequential order. The information provided to the Department of Transportation (DOT) staff will be used to investigate your inquiry.

PROPERTY INFORMATION (subject of this inquiry):

Address / Location: _____

Assessor Parcel Number (APN): _____

Driving Directions _____

OWNER'S NAME (if available):

Name: _____

Mailing Address: _____

Phone: _____ Business: _____ Email: _____

DESCRIPTION OF INQUIRY _____

- Have you discussed this problem with the owners or users
- Have you asked any other County Department or Government Agencies to work on this Inquiry
- if yes, what agency or department _____

THIS PORTION OF THE FORM WILL BE KEPT CONFIDENTIAL

NAME: _____ ADDRESS: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE _____

Please contact us at (530) 621-5941 Direct (530) 621-2030 Fax or sheri.woodford@edcgov.us
Should you have any queries regarding this process or to follow-up on the status of this matter.