



**CITY OF PACIFICA**  
**Code Enforcement Complaint Referral & Resolution Worksheet**

*All items marked with an asterisk are mandatory. Anonymous complaints will not be processed.*

Date \_\_\_\_\_

\*Address / Location of Incident \_\_\_\_\_ Area \_\_\_\_\_

Assessor Parcel Number (APN) \_\_\_\_\_ Nearest Cross St. \_\_\_\_\_

Property Owner(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) if known \_\_\_\_\_

**\*DESCRIPTION OF THE PROBLEM** (Give as much detail as possible):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does anyone reside at this location?

If yes, resident(s) name(s): \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Initial Site Observation: Date \_\_\_\_\_ Time \_\_\_\_\_

**NARRATIVE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City Official Signature: \_\_\_\_\_

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was contact made with responsible party?        |
|                              |                             | With whom? _____                                |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | N.O.V. issued? Placement location _____         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Consent search?                                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alleged violation in public view?               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Threat of resistance at the site?               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Loose pets on the site?                         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Multi-Agency (departmental) interface required? |

Departments: \_\_\_\_\_

Date referred: \_\_\_\_\_

## COMPLAINANT INFORMATION REQUIRED

*The City of Pacifica Code Enforcement Office does not accept anonymous complaints, however all efforts to keep the complainant's name and address confidential will be made. (Exceptions to this policy are only made in cases of immediate life safety conditions or as required by law.)*

\*COMPLAINANT NAME \_\_\_\_\_ \*PHONE # \_\_\_\_\_

\*ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

EMAIL \_\_\_\_\_

**Completed complaint forms can be mailed or dropped off at**

**1800 Francisco Blvd., Pacifica, CA 94044**

**Or emailed to [codeenforcement@pacificagov](mailto:codeenforcement@pacificagov)**