



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: _____

☐ Yes

☐ No

Was contact made with responsible party?

With whom? _____

☐ Yes

☐ No

N.O.V. issued? Placement location _____

☐ Yes

☐ No

Consent search?

☐ Yes

☐ No

Alleged violation in public view?

☐ Yes

☐ No

Threat of resistance at the site?

☐ Yes

☐ No

Loose pets on the site?

☐ Yes

☐ No

Multi-Agency (departmental) interface required?

Departments: _____

Date referred: _____

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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 540 Crespi Dr., Pacifica,

Faxed to 650-359-5807,

Or emailed to codeenforcement@pacificagov