



COMPLAINT FORM

File/Case # _____

*All fields below are required and must be filled out accurately and completely.
Incomplete complaint forms may be returned until complete information is included.*

Your Name: _____ Phone: _____

Your Address: _____

Your Email: _____

Complete Address of Violation: _____

Assessor Parcel # (if known): _____

Specific Nature of Complaint (Complete description, including the location of violation on the site. Please include photos, drawings, Sumner Municipal Code references, and other information as desired.)

COMPLAINT FORM

Signature: _____ Date: _____

Official Use Only

Date Received: _____ Received By: _____ Parcel #: _____

Owner/Occupant Name: _____ Phone: _____

Mailing Address: _____

Department Routed To: Building Fire Police Public Works Community Development

Action Taken: _____

Signature Confirming Action: _____ Date: _____

Inspector Signature: _____ Date: _____