

295 W 6th Street Delta, Colorado 81416 planning@deltacounty.com 970.874.2110

CODE VIOLATION COMPLAINT FORM

Please return this form to the Delta County Planning Department
ANONYMOUS FORMS WILL NOT BE ACCEPTED

| REPORTING PARTY NAME (required) | | LOCATION OF VIOLATION |
|---------------------------------|-----------------------------------|--|
| MAILING ADDRESS | | PROPERTY OWNER (if known) |
| PHONE | | IS THIS PROPERTY LOCATED IN A SUBDIVISION? (If yes, please list the subdivision name) |
| EMAIL ADDRESS | | (ii yes, piease list the subdivision name) |
| DETAILED DESCRIPTION | l: Describe the nature of your co | omplaint. <i>Please Print</i> (attach additional sheets if needed) |
| | | |
| | | ose my name during the inspection process of this complaint, the open Complainant's name upon the written request of any party for a copy |
| Signature | | Date signed |
| | FOR COUN | NTY USE ONLY |
| Date Received: | Time: | Case #: |
| Received by: | De | epartment: |
| Zoning District: | Date Case Opened: | Date Case Closed: |
| Staff Notes: | | |
| Case Referred to: Environ | nmental Health 🗌 Fire 🔲 SI | heriff 🗌 Planning Department 🗌 R & B Foreman |
| Other: | | |
| Referral Info/Notes: | | |
| | | |
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