

# Complaint/Request for Investigation

Address/Location of Complaint: \_\_\_\_\_  
Property Owner if Known: \_\_\_\_\_  
Owners Contact Information: \_\_\_\_\_  
Tenant/Occupants if Known: \_\_\_\_\_  
Tenant/Occupant Contact Info: \_\_\_\_\_

Description of complaint or violation. *Be as detailed and thorough as possible, attach additional sheets, photographs, or other pertinent information as needed to clearly describe the situation.*

CITY OF  
LIVE OAK

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Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Signature and Today's Date: \_\_\_\_\_

*Any information provided on this form will remain anonymous as far as legally allowed. Any incomplete forms will not be processed. All complaints will be processed in the order received, and prioritized according to the possible danger to life, health, or safety and the availability of staffing to investigate.*

For City Use Only			
Complaint Rec by:	_____	APN:	_____
Date Rec'd:	_____	Zoning:	_____
Dept Assigned To:	_____	Logged by:	_____
Case Number:	_____		_____

