

# Code Violation Form

Please return this form to the Sausalito City Hall Community Development Department  
By Mail: 420 Litho Street, Sausalito, CA 94965  
By Fax: (415) 339-2256

Name \_\_\_\_\_

## Location of Violation/Complaint

Address: \_\_\_\_\_ Owner \_\_\_\_\_  
APN # (if known) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone # \_\_\_\_\_

Are you a:      Tenant      Please Circle One      Neighbor      Landlord      Other

Description of Alleged Violation. Please attach any additional documents, sketches or photos.

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While the nature of a code enforcement complaint is subject to disclosure under the Public Records Act, the PERSONAL/CONTACT INFORMATION OF THE COMPLAINANT IS CONFIDENTIAL. Should a court action be filed concerning the complaint, all information may become part of the public record.

Complainant's Name:

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_

My signature verifies that the above statements are true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Photos attached      yes \_\_\_\_\_      no \_\_\_\_\_

