



**CITY OF LAKEPORT**  
Community Development Department  
225 PARK STREET  
LAKEPORT, CALIFORNIA 95453  
TELEPHONE 707.263.5615 x20  
FAX 707.263.8584

## COMPLAINT FORM

Please complete this form to report a code enforcement violation within the City of Lakeport.

**Location of Complaint:**

Street Address: \_\_\_\_\_

Assessor's Parcel Number, if known: \_\_\_\_\_

Property owner's name, if known: \_\_\_\_\_

Nearest Cross Street, or description \_\_\_\_\_

**Nature of Complaint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This is a public document and subject to disclosure under the Public Records Act.  
If you wish your identity to remain confidential, this form may be filed anonymously.*

**Complaint's Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

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**Official Use Only:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Verification:  yes  no Date: \_\_\_\_\_ By: \_\_\_\_\_

Applicable Municipal Code Section: \_\_\_\_\_

Referred To: \_\_\_\_\_