



CITY OF BLACK DIAMOND

PO Box 599 ~ 24301 Roberts Drive Black Diamond, WA 98010
Phone 360.886.5700 Fax 360.886.2592

**CODE COMPLIANCE AND ENFORCEMENT
Complaint Form**

Permit#:

Complaint Information

Location of Complaint (address or parcel#):

Property owner if known (name, phone):

Description of Code Violation:

Complaint Submitted by:

If you wish to remain anonymous, please check here

| | |
|------------------|--------|
| Citizen Name: | Phone: |
| Mailing Address: | |
| Signature: | Date: |

-----City Staff Only-----

City contacted by: Phone Letter E-Mail In-Person

Response or Action Taken:

By: _____ Date: _____