



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:

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

I WISH TO REMAIN ANONYMOUS

PLEASE NOTIFY ME OF ACTION TAKEN

Email: _____

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

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

Response or Action Taken:

By: _____ Date: _____

Responded to Complainant by: Phone Letter E-Mail