

City of Williams
Building Department

810 E Street
Williams, CA 95987
(530)473-2955 x 115
tbybee@cityofwilliams.org

Complaint Investigation Request

- All requests are confidential.
- In order for the City to process this request, Requester must provide all information requested below.
- The City will not process or respond to anonymous requests.

**This entire section must be completed by the person filing the complaint
Please Print Clearly**

Property Location: _____

Nature of Complaint (check all appropriate items and describe your concerns)

- | | |
|---|--|
| <input type="checkbox"/> Building code violation(work without permit, etc.) | <input type="checkbox"/> Deteriorated, dangerous, or unsafe building |
| <input type="checkbox"/> Zoning Violation | <input type="checkbox"/> Fencing, wall, or other type barrier |
| <input type="checkbox"/> Improper or unapproved use or occupancy | <input type="checkbox"/> Substandard housing condition |
| <input type="checkbox"/> Encroachment into the Public Right-of-way | <input type="checkbox"/> Hazardous obstruction |
| <input type="checkbox"/> Environmental (Sewage, Chemical, Etc.) | <input type="checkbox"/> Other (please specify in your description) |

Description of the concerns checked above

Contact Information

Name: _____	Phone No: _____
Address: _____	Cell No: _____
City, State & Zip: _____	Date: _____
Signature: _____	

THIS SECTION TO BE COMPLETED BY CITY PERSONNEL

Date Rcvd: _____	Time Rcvd: _____	Received by (Staff): _____		
Method: <input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> In-person	<input type="checkbox"/> City Website

Property Owner: _____
Address: _____ APN: _____
City, State & Zip: _____