



# PUBLIC CONCERN/COMMENT FORM

Pacific County Department of Community Development

Internet Address: [www.co.pacific.wa.us](http://www.co.pacific.wa.us)

## OFFICE USE ONLY

Code #: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Building

Environmental Health

Planning

Solid Waste

Case Closed by: \_\_\_\_\_

Closed Date: \_\_\_\_\_

### VIOLATOR/LOCATION INFORMATION

Name of Violator: \_\_\_\_\_

Tax Parcel ID #: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Property Owner (if known): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any precautions advised in investigating (dogs, aggressive owner/occupant, suspected drug activity, etc.): \_\_\_\_\_

Provide a brief description of the alleged violation (attach additional pages & pictures if necessary).

**Please provide as much evidence as possible to help facilitate Pacific County in your request.**

**NOTE:** Under Chapter 42.17.310(1)(e) Revised Code of Washington (RCW), the Public Disclosure Law, the County is required to submit all information to the public when requested, which includes your contact information. However, if you believe that if the County discloses your information you could be in potential danger or a retaliatory situation, please check the box below. In this case, the County will attempt to keep your information confidential unless required by a court of law.

**All documents received by the County are considered public records and therefore are available to the public for viewing.**

You **may** disclose my identity upon public inquiries regarding this complaint.

You **may not** disclose my identity. I believe by disclosing my information that I could be in potential danger or a retaliatory situation. Please be advised; if this case is filed in court, your name must be disclosed **if** you are to be a witness in the case.

**Please note: Pacific County Department of Community Development does not accept or investigate anonymous reports.**

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

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

City/State/Zip: \_\_\_\_\_

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

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

If necessary, may we have permission to enter your property to view the subject violation?  YES  NO

Property Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOUTH BEND OFFICE**

P.O. Box 68

South Bend, WA 98586

(360) 875-9356 FAX (360) 875-9304

**LONG BEACH OFFICE**

7013 Sandridge Road

Long Beach, WA 98631

(360) 642-9382 FAX (360) 642-9387

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