



CITY OF WILLIAMS POLICE DEPARTMENT
 POLICE SERVICES DIVISION
 530-473-2533



Request for Investigation

NOTE: YOU MUST PRINT THIS FORM, FILL IT OUT AND MAIL OR FAX IT TO THE ADDRESS OR FAX NUMBER ON THE SECOND PAGE. NO ANONYMOUS COMPLAINTS ACCEPTED – YOU MUST FILL IN YOUR NAME, ADDRESS AND PHONE NUMBER AT THE BOTTOM OF THIS FORM.

VIOLATION ADDRESS _____ APT. NO. _____ ZIP CODE _____ CROSS STREET _____

NAME OF OWNER _____ AGENT/MANAGER/RESPONSIBLE PARTY _____ TENANT/LESSEE _____ PHONE NUMBER _____

ADDRESS _____ CITY/STATE _____ ZIP CODE _____

ALLEGED VIOLATION:

DID YOU CONTACT THE RESPONSIBLE PARTY? YES NO CONTACTED DATE: _____

RESULT: _____

IS THIS RESIDENTIAL PROPERTY? SINGLE FAMILY DUPLEX MULTI-FAMILY _____

IS THIS COMMERCIAL PROPERTY? RETAIL SALES OFFICES RESTAURANT _____

IS THIS UNIMPROVED LAND? YES NO
 CAN THE VIOLATION BE OBSERVED FROM THE PUBLIC RIGHT-OF-WAY? YES NO
 WILL YOU PROVIDE YARD ACCESS TO THE INSPECTOR IF NECESSARY? YES NO
 IS THERE ANY SUSPICIONS OF CRIMINAL, GANG OR DRUG ACTIVITY AT THE SITE? YES NO
 ARE THERE LOOSE PETS AT THE SITE? YES NO

PRINT YOUR NAME _____ ADDRESS _____ CITY _____ ZIP CODE _____

YOUR DAYTIME PHONE NUMBER _____ EMAIL ADDRESS _____ LANGUAGE SPOKEN _____

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

PRIORS: _____

DATE ASSIGNED: _____ PARCEL: _____ XSTREET: _____

PRIORITY: YES NO ORDINANCE: _____

FILL OUT AS COMPLETELY AS POSSIBLE. THE MORE INFORMATION AVAILABLE THE BETTER SERVICE WE CAN PROVIDE. **IMPORTANT: WE MUST HAVE THE CORRECT ADDRESS OF THE VIOLATION.** PLEASE ATTACH ANY ADDITIONAL INFORMATION OR SKETCHES.

RETURN THE COMPLETED FORM AND KEEP US INFORMED OF ANY IMPROVEMENT, LACK OF IMPROVEMENT, OR ADDITIONAL VIOLATIONS.

THE NEIGHBORHOOD SERVICES DIVISION DOES NOT ENFORCE CIVIL DISPUTES. WE SUGGEST YOU UTILIZE MEDIATION SERVICES OR THE CIVIL COURTS TO RESOLVE CIVIL DISPUTES.

WHAT HAPPENS WHEN YOUR REQUEST FOR INVESTIGATION FORM IS RECEIVED BY THIS OFFICE?

1. A WRITTEN SUMMARY OF THE COMPLAINT AND SUGGESTIONS FOR SOLUTION WILL BE MAILED TO THE RESPONSIBLE PERSON. WE HAVE FOUND THAT MOST PEOPLE WILL BEGIN CORRECTIVE ACTION AS SOON AS THEY RECEIVE THIS FIRST NOTICE.
2. THE AVERAGE RESPONSE TIME WILL VARY DEPENDING UPON THE TYPE OF COMPLAINT.
3. IF AFTER RECEIVING OUR WRITTEN SUMMARY, THE PROPERTY OWNER DOES NOT TAKE CORRECTIVE ACTION; OUR OFFICE MAY TAKE FURTHER ACTION THAT CAN INCLUDE INSPECTIONS, CIVIL OR CRIMINAL PROSECUTION.

YOU MAY FAX THIS FORM TO THE POLICE DEPARTMENT POLICE SERVICES DIVISION AT 530-473-3488.

TO RETURN THIS FORM TO OUR OFFICE: FOLD, STAPLE, AND MAIL TO THE OFFICE ADDRESS BELOW. YOU MUST PLACE A STAMP ON THE FORM. THE POST OFFICE WILL NOT DELIVER LETTERS THAT DO NOT HAVE A STAMP.

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| <p>WILLIAMS POLICE DEPARTMENT POLICE SERVICES DIVISION 700 NORTH STREET WILLIAMS CA 95987</p> | |