



ISLAND COUNTY PLANNING & COMMUNITY DEVELOPMENT

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~ COMPLAINT INVESTIGATION REQUEST ~

NAME OF ALLEGED VIOLATOR: _____

ADDRESS OF ALLEGED VIOLATOR:

Street or P.O. Box _____

City, State & Zip Code _____

ASSESSOR'S PARCEL #: _____

ARE YOU AWARE OF DOGS ON THE PROPERTY? Yes No

LOCATION OF ALLEGED VIOLATION: (please include directions from the nearest County road intersection):

COMPLAINT: (please include full description of causes and basis; cite specific dates of violation)

PREVIOUS EFFORTS TO SOLVE THE PROBLEM: (please cite specific dates of attempted mediation and responses, any previous zoning and/or building complaints submitted regarding the person or property)

Spoke to Alleged Violator: Date(s): _____ Complaint(s) submitted Date(s) _____

Results: _____

FOR OFFICE USE ONLY

Parcel #: _____ Date Logged In: _____

COF #: _____ COV #: _____ Code Enforcement Planner: _____

CONFIDENTIAL

Note: Failure to complete this page will result in the complaint not being investigated or processed

COMPLAINANT NAME: _____

ADDRESS
(Street or P.O. Box, City, State & Zip Code): _____

PHONE #: (_____) _____ (_____) _____
Home Work

Email: _____

I understand that Island County Planning and Community Development may conduct an independent investigation into the alleged violation and make a determination of validity. If a violation is found, appropriate action may be taken in conformance with our enforcement authority and resources available. Enforcement actions are prioritized depending upon the nature of the violation and not on a "date received" basis.

ACCEPTANCE OF THIS COMPLAINT IS NOT INTENDED TO CREATE ANY RELIANCE RELATIONSHIP BETWEEN ISLAND COUNTY AND COMPLAINANTS. THE COUNTY ENFORCEMENT PROGRAM IS NOT INTENDED TO CREATE ANY DUTY RUNNING IN FAVOR OF PARTICULAR PERSONS. THE COUNTY'S ACTS OR OMISSIONS IN ACCEPTING, INVESTIGATING AND ENFORCING THE LAW SHALL NOT CREATE ANY LIABILITY ON THE PART OF ISLAND COUNTY. THE COUNTY'S ACCEPTANCE OF THIS COMPLAINT SHOULD NOT BE CONSIDERED AS A SUBSTITUTE FOR THE COMPLAINANT TAKING HIS OR HER OWN INDEPENDENT ACTION TO PROTECT COMPLAINANT'S INTERESTS OUTSIDE THE COUNTY'S ENFORCEMENT PROCESS.

PLEASE MARK ONLY ONE BOX:

While Island County makes every effort to maintain the confidentiality of those who file complaints, Island County cannot guarantee that the identity of a complainant will be kept confidential in all cases. The County may be able to withhold identifying information in response to a public records request if, at the time a complaint is filed, the complainant indicates a desire for disclosure or nondisclosure of information revealing their identity.

Please indicate below whether or not you desire information revealing your identity be disclosed.

In response to a public records request and pursuant to RCW 42.56.240(2), I desire that information revealing my identity be:

- Disclosed.**
- Not Disclosed.**

If you do not indicate your preference above, the County may, but does not guarantee it will, give you notice when it receives a public records request that includes information revealing your identity. Such notice will give you time to seek independent legal counsel and/or attempt to obtain a court injunction preventing disclosure of your identifying information.

If you desire that your identity not be disclosed, please take care in providing information to the County that may inadvertently reveal your identity. For example, if you hand write your complaint or provide photographs that could only be taken from your property, someone may be able to determine your identity from such information.

SIGNATURE OF
COMPLAINANT: _____ DATE: _____