



**City of Edgewood**  
 2224 104<sup>th</sup> Avenue East  
 Edgewood, WA 98372-1513  
 Phone: 253-952-3299  
 Fax: 253-952-3537

Case #: \_\_\_\_\_

Initials: \_\_\_\_\_

## CITIZEN ACTION REQUEST

Date Complaint Received: \_\_\_\_\_

- Walk In
- Telephoned
- Requested Call Back

I consent to the release of my identifying information with respect to any Public Disclosure of this form.

Pursuant to RCW 42.56.240 (2), I request that my name and address be withheld from Public Disclosure to the extent permissible under State Law. However, I acknowledge that disclosure of this information may be requested as part of any ensuing criminal, civil and/or administrative proceedings.

Person Requesting Action: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

- Description of Issue:**
- |                                       |   |   |   |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Nuisance     | <input type="checkbox"/> Storm Water          | <input type="checkbox"/> Vegetation               | <input type="checkbox"/> Building w/o Permits |
| <input type="checkbox"/> Maintenance  | <input type="checkbox"/> Wetlands             | <input type="checkbox"/> Debris                   | <input type="checkbox"/> Illegal Structure    |
| <input type="checkbox"/> Tree Cutting | <input type="checkbox"/> Clearing/Grading     | <input type="checkbox"/> Potholes/Streets/Ditches | <input type="checkbox"/> Septic               |
|                                       | <input type="checkbox"/> Vehicle Junk/Storage | <input type="checkbox"/> Other _____              |   |

Site Location: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Landmarks: \_\_\_\_\_

Describe Problem/Hazard in Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ~ FOR OFFICIAL USE ONLY ~

Forward Complaint To (check all that apply):

- |   |                                      |                                       |   |
|---|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Building         | <input type="checkbox"/> Planning    | <input type="checkbox"/> Public Works | <input type="checkbox"/> City Manager   |
| <input type="checkbox"/> Police           | <input type="checkbox"/> Fire Dept.  | <input type="checkbox"/> Health Dept. | <input type="checkbox"/> Office Manager |
| <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> Other _____ |                                       |   |

Complaint Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_

Post Card Sent - Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Updated  Researching  Forwarded  Other

Phone Call, Site Visit, Letter Sent - Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ RE: \_\_\_\_\_

Other related files: \_\_\_\_\_ Case File: \_\_\_\_\_ Assigned to: \_\_\_\_\_

CASE CLOSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

