



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

Case #: _____
Initials: _____

CITIZEN ACTION REQUEST

Date Complaint Received: _____

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.

- Walk In
- Telephoned
- Requested Call Back

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:** _____

Note below all action taken, including the date of action and your initials:

A series of horizontal lines for writing, spanning the width of the page and enclosed in a rectangular border.