



City of Maupin
507 Grant Ave.
PO Box 308
Maupin, Oregon 97037

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cityhall@cityofmaupin.org
cityofmaupin.org

CODE COMPLIANCE COMPLAINT FORM

Thank you for contacting the City of Maupin. To have your complaint(s) reviewed by City staff, please complete all required fields (*), print clearly, and provide adequate detail. Complaints will be addressed in the order received, with those that immediately affect public health and safety taking priority over all others.

FIRST NAME*	LAST NAME*
ADDRESS*	CITY/STATE/ZIP*
PHONE	EMAIL

DO YOU WISH TO BE CONTACTED AND KEPT INFORMED OF THE INVESTIGATION? ☐ YES ☐ NO

SUMMARY OF COMPLAINT

LOCATION OF VIOLATION*

SUMMARY OF COMPLAINT* (ATTACH ADDITIONAL PAGES IF NECESSARY)

OWNER / OCCUPANT (IF KNOWN)

HAVE YOU CONTACTED THE OWNER/OCCUPANT REGARDING THE VIOLATION? ☐ YES ☐ NO

CAN THE VIOLATION BE SEEN FROM A PUBLIC ROAD? ☐ YES ☐ NO

IF NO, WHAT IS THE BEST LOCATION TO VIEW THE VIOLATION? _____

DO YOU KNOW OF ANY HAZARDS AT THIS LOCATION? ☐ YES ☐ NO

IF YES, PLEASE IDENTIFY _____

DO YOU HAVE PICTURES OR OTHER DOCUMENTATION OF THE VIOLATION? ☐ YES ☐ NO

IF YES, PLEASE IDENTIFY OR ATTACH _____

SIGNATURE

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ON AND WITH THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:* _____ DATE:* _____

FOR OFFICE USE ONLY

DATE RECEIVED

COMPLIANCE CASE #