

PUBLIC NUISANCE INVESTIGATION

ADDRESS\ LOCATION _____ DATE _____
 DESCRIPTION OF CONDITION _____

NAME _____ PHONE _____
 ADDRESS _____ CITY _____ STATE CA ZIP _____

FOR OFFICIAL USE ONLY

CHECK TYPE OF PROBLEM\VIOLATION REFER TO (DEPARTMENT)

ONE

PUBLIC PROPERTIES

- [] Abandoned VehiclePolice
- [] Broken Curb, Gutter, Sidewalk.....Street Maintenance
- [] Dangerous Utility Wiring.....Edison
- [] Pot Hole, Street MaintenanceStreet Maintenance
- [] Signs on Sidewalks.....Planning
- [] Storage in Street.....Engineering
- [] Street Lights Out\Damaged.....Edison
- [] Street Sign Damaged\Missing.....Street Maintenance
- [] Street Vendors.....Business License
- [] Trash and DebrisStreet
- [] Vehicle Repair in Street.....Police

ALL PRIVATE PROPERTIES

- [] Abandoned\Vacant Building.....Building & Safety
- [] Abandoned Vehicle.....Engineering
- [] Animals, Abuse\Care of.....S.P.C.A.
- [] Animals, ExcessivePlanning
- [] Animals, UnsanitaryHealth & S.P.C.A.
- [] Building Maintenance.....Building & Safety
- [] Broken Windows Adjacent to Sidewalk.....Building & Safety
- [] Construction Without Permit.....Building & Safety
- [] Dangerous Electrical WiringBuilding & Safety
- [] Fire Hazard.....Fire
- [] Graffiti.....Utilities
- [] Property Maintenance.....Planning
- [] RV used as Living Quarters.....Police
- [] Signage: Banners; Excessive.....Planning
- [] Swimming Pool Area Unsecured.....Planning
- [] Trash and Debris on Private Property....Planning
- [] Unsanitary Conditions.....Health Department
- [] Weeds, Vacant Lot.....Engineering

COMMERCIAL PROPERTIES

- [] Operating W/O Business License.....Business License
- [] Storage, Outdoor, in Parking LotPlanning
- [] Vehicle Repair in Parking Lots.....Planning
- [] Working Outdoors, Not in a Building.....Planning

RESIDENTIAL PROPERTIES

- [] Business Operated from Garage\House.....Planning
- [] Construction Hours Violation.....Police
- [] Garage Converted\Used as Living Unit....Planning
- [] Parking Vehicles on Front Lawn.....Police
- [] Storage (excessive) in Front Yard.....Planning
- [] Vehicle Repair, Possible Business.....Planning
- [] Other _____

INTER-DEPARTMENTAL REFERRAL

REPORTED BY _____ DEPARTMENT _____

REFERRED TO _____ BY _____ DATE _____