



City of Novato

922 Machin Avenue, Novato, CA 94945

(415) 899-8989

Code Enforcement Complaint Form

Building

Engineering

Planning

Other

Date Received _____

Complaint No. _____

Received By _____

Mail

Phone

In Person

*Location of Violation _____ APN _____

Property Owner _____

Address _____

Resident's Name _____

Phone No.: Owner _____

Resident _____

*Description of Complaint _____

Code Section _____

Person Making Complaint: *Name: _____

*Address: _____

*Phone No.: _____ *Date: _____

(Required Should Additional Information be Needed)

Fill in all items marked with an asterisk. Anonymous complaints cannot be processed. Your name, address and phone number is required – information will be kept confidential.

Action Taken

Date

No Violation _____

Assigned: _____

Owner Contact _____

Date: _____

Notification Letter _____

Red Tagged _____

Complaint Resolved _____

