

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 _____