



**ISLAND COUNTY
PLANNING & COMMUNITY DEVELOPMENT**

PHONE: (360) 679-7339 ■ from Camano (360) 629-4522 ■ from S. Whidbey (360) 321-5111
 FAX: (360) 679-7306 ■ P. O. Box 5000, Coupeville, WA 98239-5000
 Internet Home Page: <http://www.islandcounty.net/planning/>

~ COMPLAINT INVESTIGATION REQUEST ~

NAME OF ALLEGED VIOLATOR: _____

ADDRESS OF ALLEGED VIOLATOR: _____

Street or P.O. Box _____

City, State & Zip Code _____

ASSESSOR'S PARCEL #: _____

LOCATION OF ALLEGED VIOLATION: (please include directions from the nearest County road intersection):

COMPLAINT: (please include full description of causes and basis; cite specific dates of violation)

(use other side to continue)

PREVIOUS EFFORTS TO SOLVE THE PROBLEM: (please cite specific dates of attempted mediation and responses, any previous zoning and/or building complaints submitted regarding the person or property)

FOR OFFICE USE ONLY			
Parcel #: _____	Date Logged In: _____		
Section: _____	Township: _____	Range: _____	1/4 Section: _____
COF #: _____	and/or STW #: _____	Valid Complaint () Yes () No	
COV #: _____	Rev. 1/01		

**CONFIDENTIAL
(FILE SEPARATELY)**

Note: Failure to complete this page will result in the complaint not being investigated or processed.

COMPLAINANT: _____

ADDRESS (Street or P.O. Box, City, State & Zip Code)

PHONE #: (_____) _____ (_____) _____
Home Work

I understand that Island County Planning and Community Development may conduct an independent investigation into the alleged violation and make a determination of validity. If the Department validates the complaint, appropriate action may be taken in conformance with our enforcement authority and resources available. Enforcement actions are prioritized depending upon the nature of the violation and not on a "date received" basis. The complainant will be notified of the findings of our independent investigation.

ACCEPTANCE OF THIS COMPLAINT IS NOT INTENDED TO CREATE ANY RELIANCE RELATIONSHIP BETWEEN ISLAND COUNTY AND COMPLAINANTS. THE COUNTY ENFORCEMENT PROGRAM IS NOT INTENDED TO CREATE ANY DUTY RUNNING IN FAVOR OF PARTICULAR PERSONS. THE COUNTY'S ACTS OR OMISSIONS IN ACCEPTING, INVESTIGATING AND ENFORCING THE LAW SHALL NOT CREATE ANY LIABILITY ON THE PART OF ISLAND COUNTY. THE COUNTY'S ACCEPTANCE OF THIS COMPLAINT SHOULD NOT BE CONSIDERED AS A SUBSTITUTE FOR THE COMPLAINANT TAKING HIS OR HER OWN INDEPENDENT ACTION TO PROTECT COMPLAINANT'S INTERESTS OUTSIDE THE COUNTY'S ENFORCEMENT PROCESS.

PLEASE MARK ONLY ONE BOX:

()	I have no objection to my identity being revealed.
()	I object to my identity being released to any person outside of county employment. I believe that disclosure of my identity would endanger my life, physical safety, or property and therefore do not want my identity revealed. I understand that if unable to disclose my identity, the County may not be able to proceed with an enforcement action because I cannot be called as a witness. I also understand that if this case is filed in court my name must be disclosed if I am called as a witness in the case. I understand that the County will not disclose my identity upon public inquiries regarding this complaint without my permission in conformance with RCW 42.56.240 (2) unless ordered by a court. I understand that if a request for this complaint is made, the County will first omit any information that could be used to identify me, before supplying the complaint to the person/s making the request.

SIGNATURE OF
COMPLAINANT: _____ DATE: _____

[Date Stamp]

COF # _____