



# CITY OF BLACK DIAMOND

PO Box 599 ~ 24301 Roberts Dr  
Black Diamond, WA 98010  
Ph: 360.886.2560 Fax: 360.886.2592

## CODE COMPLIANCE AND ENFORCEMENT Complaint Form

Permit #:

### Complaint Information

Location of Complaint (address or parcel#):

Property Owner if know(name, phone):

Description of Code Violation:

### Complaint Submitted by:

Citizen Name:

Phone:

Mailing Address:

Signature:

Date:

I wish to remain anonymous

Please notify me of action taken

Email: \_\_\_\_\_

-----City Staff-----

City contacted by:  Phone  Letter  Email  In-Person

Response or Action Taken:

Responded to Complainant by:  Phone  Letter  In-Person

The information contained herein is confidential and will not be divulged to the public except pursuant to a court order.