

Town of Beaux Arts Village 10550 SE 27th St, Beaux Arts, WA 98004 Town Office: 425.454.8585 Building Department: 425.269.6985 bldgdept@beauxarts-wa.gov

COMPLAINT FORM

Instructions: To initiate a code enforcement request fill out this form completely. Sign and date and send to the above address or email.

Please Note: Complaints should not be filed for the purpose of harassment. Nor should they be filed for criminal acts, which should be reported directly to the King County Sheriff by calling 911. Complaints are to be filed to alert staff to safety or code-related concerns. Town staff takes each complaint seriously; therefore, please be mindful of the time and cost to investigate each complaint. The cost to investigate repeated frivolous complaints may be charged to the complainant.

Date of Complaint:			
Location Address of Complaint:			
Property Owner Name: Property Owner / Tenant Contact Information: Nature of Complaint: Details of Complaint: (Be specific as to time, duration, location of violation, identities of responsible parties, action to parties and nature of complaint)			
		Complainant Informati	
Address:			
Phone:	Email:		
Do you have a need for the complainant information to be kept confidential? Y/N			
Notice: The information contained in this complaint is a public record subject to disclosure under the Washington			
Public Records Act (RCW42.56) and may be requested and inspected by any person. The identity of a complaining			
party (complainant) may be withheld from public inspection at the Agency's discretion if the complainant indicates			
that disclosure will endanger a person's life, physical safety, or property. However, if a court case is filed as a result			
of this complaint, the complainant's identity may be disclosed regardless of a request that it be withheld.			
Signature of Complain	ant:		
Date signed:			
STAFF USE ONLY:			
Date Received:	By:		
Referred to:	Action Taken:		
Code Violation:	Permit # or Project:		
Code Enforcement:			
Response Date:	Anticipated Closing Date:		
Final Closing Date:	Complaint # C		