

# City of Cascade Locks Ordinance Enforcement Complaint Form

**Address/Location of Possible Violation:** \_\_\_\_\_

City: Cascade Locks State: Oregon Zip: 97014

**Type of Complaint** (circle): Discarded Vehicle/Debris/Stagnant Water/Water Pollution/Odor/Surface Drainage  
Creating a Hazard/Attractive Nuisance/Snow and Ice/Defective Sidewalks/ Fences along Sidewalk  
Trees, Brush, Grass, Weeds/Junk/Radio or TV Interference/Noise/Traffic/Skateboarding/Animal Control  
City Utilities/Zoning/Dangerous Buildings/OTHER \_\_\_\_\_

**Details of Complaint:**

\_\_\_\_\_  
\_\_\_\_\_

**Resident Name(s):** \_\_\_\_\_

**Owner Name(s) if different than resident:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Can the possible violation be seen from a road? YES / NO**

**What is the best location to inspect the site?** \_\_\_\_\_

**ARE THERE ANY KNOWN/SUSPECTED HAZARDS AT THE LOCATION? YES/NO/UNKNOWN**

IE: dangerous animals, criminal activity, chemicals, unstable individuals

Please list details if hazard is indicated: \_\_\_\_\_

\_\_\_\_\_

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**Complainant Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**Is the complainant a neighbor? YES / NO**

**Does the complainant give permission to the OEO to use their property for viewing the violation?**

YES/NO If NO, why? \_\_\_\_\_

**Will you be willing to testify in court if necessary? YES / NO** (Testimony may be necessary for prosecution)

If you have photos or other related information that may be used as evidence please submit them with this application. Submitted items will not be returned and will become part of the complaint file. **All efforts will be made to maintain the confidentiality of the complainant.**

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Office Use Only

Date/Time Received \_\_\_\_\_

Received by \_\_\_\_\_

Date OEO Received \_\_\_\_\_

Date Investigated \_\_\_\_\_

Ordinance Violation Y / N

Ordinance \_\_\_\_\_