

CITY OF KLAMATH FALLS
HOUSING COMPLAINT AND INSPECTION REQUEST

LOCATION ADDRESS _____ DATE: _____

NAME OF COMPLAINANT _____ ADDRESS _____ PHONE _____

DESCRIPTION OF PROBLEM OR REQUEST: _____

Building Type: _____ How long in residence? _____

Single Family _____ Written Rental Agreement? _____

Duplex _____ Rental Agency? _____

Triplex _____ Being evicted? _____

Fourplex _____

Apartments _____

LEGAL DESCRIPTION: LOT(S) _____ BLOCK _____

TAX LOT _____ MAP # _____

ADDITION: _____

NAME OF OWNERS: _____

ADDRESS OF OWNERS: _____

NAME OF OCCUPANT: _____

DATES OF INSPECTIONS: _____

ACTION TAKEN _____

NUISANCE WARNING: Yes _____ No _____ Date _____

REFERRED TO NUISANCE OFFICER: Yes _____ No _____ Date _____

INSPECTION FINDINGS: _____

REFERRED FOR CONDEMNATION: Yes _____ No _____ Date _____