

CODE ENFORCEMENT – INVESTIGATION REQUEST FORM

Carson City Code Enforcement Division
108 E. Proctor Street
Carson City, NV 89701
(775) 887-2599; Hearing impaired: 711
Email: codeenforcement@carsoncity.gov

COMPLAINING PARTY:

Name: _____ Phone: H: _____ Alt: _____

Address: _____ City/State/Zip: _____

Email: _____

Note: Complaining party MUST complete the above information on all complaints. However, the Code Enforcement Division will report the complaint as anonymous provided this box is checked: Please report complaint as anonymous.

SUBJECT PROPERTY/LOCATION OF COMPLAINT:

Name or Business: _____ Phone (if available): _____

Address: _____ APN: _____

COMPLAINT: _____

Have you contacted any other Carson City official or department regarding this complaint? Yes No

If yes, what were the results? _____

By signing below, I acknowledge that it is unlawful to report a misdemeanor violation knowing such report to be false, and that by doing so a person is guilty of a misdemeanor pursuant to Nevada Revised Statute (NRS) 207.280.

If a citation is issued as a result of this complaint, will you be willing to testify in court against the alleged violator?

Yes No

Print Name: _____ Signature: _____

For Office Use Only:

Investigator: _____ Investigation Date: _____

Action Taken: _____

Date Closed: _____