

**Lincoln City  
Police Department**



**CODE ENFORCEMENT INVESTIGATION REQUEST**

**Please Print**

Date: \_\_\_\_\_

Violation Alleged: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name of Involved (If Known): \_\_\_\_\_

Phone No. (If Known): \_\_\_\_\_

**Complainant Information:**

Name: (Last) (First) (MI) \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

**\* To the extent allowed by law, personal information revealing the identity of the complainant will be kept confidential and not disclosed unless the City of Lincoln City determines that the public interest will not be harmed by disclosure.**

**City of Lincoln City OFFICE USE ONLY**

Property Owner/ Resident Information (if Known) CE File NO. \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tax ID NO. \_\_\_\_\_

Date Complaint Received \_\_\_/\_\_\_/\_\_\_ Time Received: \_\_\_\_\_

Complaint Received By: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Remarks

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

Did a Violation Occur? Y/N Please Specify \_\_\_\_\_

Was employee or citizen who filed complaint notified of outcome? Y / N

Date file closed \_\_\_/\_\_\_/\_\_\_