



Forward to:			
<input type="checkbox"/>	Police Dept.	<input type="checkbox"/>	Planning Dept.
<input type="checkbox"/>	Animal Control	<input type="checkbox"/>	Fire Dept.
<input type="checkbox"/>	Wtr / Swr Dept.	<input type="checkbox"/>	Town Admin.
<input type="checkbox"/>	Electric Dept	<input type="checkbox"/>	Town Clerk
<input type="checkbox"/>	Building Dept.	<input type="checkbox"/>	Mayor

## Request For Action

Violation / Hazard Information	
<b>Street Address:</b>	<b>Site Description:</b>
<b>Nature of Report:</b> <input type="checkbox"/> Code Violation <input type="checkbox"/> Safety <input type="checkbox"/> Nuisance <input type="checkbox"/> Other	<b>Site Owner / Tenant/ Landlord:</b>
Description / Statement of Violation / Hazard/ Nuisance:	

Reported By:	
<b>Name:</b>	<b>Date of Report:</b>
<b>Address:</b>	Town Resident <input type="checkbox"/> Employed in Town Limits <input type="checkbox"/> Visitor <input type="checkbox"/> Town Employee <input type="checkbox"/>
<b>City/State/Zip:</b>	<b>Requesting Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Phone No:</b>	<b>Alt. Phone No.</b>
<b>Anonymity Requested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	(by checking yes, you have requested that your name and address shall not be disclosed pursuant to RCW 42.17.310 (1)(e))

**Signature:**

**RCW 42.17.310(e)(1)** Certain personal and other records exempt. (1) The following are exempt from public inspection and copying. (e) Information revealing the identity of persons who are witnesses to or victims of crime or who file complaints with investigative, law enforcement, or penology agencies, other than the public disclosure commission, if disclosure would endanger any person's life, physical safety, or property. If at the time a complaint is filed, the complainant, victim or witness indicates a desire for disclosure or nondisclosure, such desire shall govern. However, all complaints filed with the public disclosure commission about any elected official or candidate for public office must be made in writing and signed by the complainant under oath.

For Office Use Only		
Request for Action Taken By:	Dept.:	Date:
Routed To:	Dept.:	Date:
Action Taken:		
Action Taken By:	Date Action Taken:	
Violation of Municipal Codes:		
Inspection Record:		

**Routing:**      *Make Copy for: Mayor; Department Lead and one for the file.*

**TOWN OF EATONVILLE 201 CENTER ST W PO BOX 309 EATONVILLE, WA 98328**

