CITY OF NORCO ANIMAL CONTROL
CODE VIOLATION
REQUEST FOR INSPECTION

*Failure to completely fill out this form will invalidate the complaint

PLEASE PRINT CLEARLY OR TYPE

CASE NO._____

DATE RECEIVED_____

***COMPLAINT:**

_____

_____

_____

_____

_____

_____

_____

***LOCATION OF COMPLAINT:**_____
STREET NUMBER STREET NAME

INSPECTION/INVESTIGATION LOG
(Office Use Only)

DATE	COMMENTS	OFFICER

DATE	COMMENTS	OFFICER

COMPLAINANT INFORMATION

(**MUST** HAVE **FULL** NAME, ADDRESS AND PHONE NUMBER)

FALSIFICATION OF COMPLAINANT INFORMATION WILL INVALIDATE COMPLAINT

COMPLAINANT:_____

FIRST **LAST**

ADDRESS_____ **PHONE NUMBER**_____

ARE VIOLATIONS VISIBLE FROM STREET? YES NO

ADDITIONAL COMMENTS_____

PLEASE RETURN TO THE CITY OF NORCO ANIMAL CONTROL DEPARTMENT IN PERSON, IF MAILED, EXPECT DELAYS

266 EAST SIXTH STREET, NORCO
MAIL: 2870 CLARK AVE, Norco, CA 92860