NAME:

COMPLAINT #

STEVENS COUNTY LAND SERVICES DEPARTMENT

Clay White, Director * **PHONE: Planning**: (509) 684 2401; **Building**: (509) 684 8325 *
FAX: Planning: (509) 684 7525; **Building**: (509) 685 0674
Mailing: 215 S. Oak St. – Courthouse Annex, Colville, WA 99114

DATE RECEIVED

NOTE: Failure to complete this page will result in the complaint not being investigated or processed.

-COMPLAINT INVESTIGATION REQUEST-

NAME OF ALLEGED VIOLATOR:

_____

ADDRESS OF ALLEGED VIOLATOR:

Street Or PO Box: _____

City/State/Zip: _____

DO YOU KNOW THEIR PHONE NUMBER? _____

ASSESSOR'S PARCEL # (IF KNOWN) _____

LEGAL DESCRIPTION (IF KNOWN) _____

_____

LOCATION OF ALLEGED VIOLATION (Please include directions from the nearest county road intersection):

_____

_____

_____

_____

_____

COMPLAINT (Please include full description of causes and basis; cite specific dates of violation):

_____

_____

_____

_____

_____

(Use other side to continue)

PREVIOUS EFFORTS TO SOLVE THE PROBLEM: (Please cite specific dates of attempted mediation and responses, any previous zoning and/or building complaints submitted regarding the person or property**)**

_____

_____

_____

_____

_____

NAME:

COMPLAINT #

DATE RECEIVED

COMPLAINT (continued)

DATE RECEIVED

NAME:

COMPLAINT #

CONFIDENTIAL

(FILE SEPARATELY)

NOTE: Failure to complete this page will result in the complaint not being investigated or processed.

COMPLAINANT'S NAME:_____

COMPLAINANT'S ADDRESS:

Street Or PO Box: _____

City/State/Zip: _____

PHONE: ( ) _____ **( )** _____

HOME **WORK**

I understand that Stevens County Land Services Department may conduct an independent investigation into the alleged violation and make a determination of validity. If the Department validates the complaint, appropriate action may be taken in conformance with Department enforcement authority and resources available. Enforcement actions are prioritized depending upon the nature of the violation and not on a "date received" basis.

ACCEPTANCE OF THIS COMPLAINT IS NOT INTENDED TO CREATE ANY RELIANCE RELATIONSHIP BETWEEN STEVENS COUNTY AND THE COMPLAINANTS. THE COUNTY ENFORCEMENT PROGRAM IS NOT INTENDED TO CREATE ANY DUTY RUNNING IN FAVOR OF PARTICULAR PERSONS. THE COUNTY'S ACTS OR OMISSIONS IN ACCEPTING, INVESTIGATING AND ENFORCING THE LAW SHALL NOT CREATE ANY LIABILITY ON THE PART OF STEVENS COUNTY. THE COUNTY'S ACCEPTANCE OF THIS COMPLAINT SHOULD NOT BE CONSIDERED AS A SUBSTITUTE FOR THE COMPLAINANT TAKING HIS OR HER OWN INDEPENDENT ACTION TO PROTECT COMPLAINANT'S INTERESTS OUTSIDE THE COUNTY'S ENFORCEMENT PROCESS.

PLEASE MARK *ONLY* ONE BOX:

( )	**I have no objection to my identity being revealed.**
( )	**I object to my identity being released to any person outside of county employment. I believe that disclosure of my identity would endanger my life, physical safety, or property and therefore do no want my identity revealed. I understand that if unable to disclose my identity the County may not be able to proceed with an enforcement action because I cannot be called as a witness. I also understand that if this case is filed in court my name must be disclosed if I am called as a witness in the case.** **I understand that the County will not disclose my identity upon public inquiries regarding this complaint without my permission in conformance with RCW 42.56.240(2) unless ordered by a court.**

Signature of
Complainant: _____ Date_____