City of Bainbridge Island

PLANNING AND COMMUNITY DEVELOPMENT

CODE COMPLIANCE INQUIRY/ REQUEST FOR INVESTIGATION

Today's Date: _____

Name: _____ Phone: _____

Address: _____

Location/Directions: _____

_____

Reason for Investigation: _____

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COMPLAINANT ***(Person submitting request)***

_____I am concerned that disclosure of my identity in relation to this complaint will endanger my life, physical safety and/or property and therefore request my identity be kept confidential to the extent provided by law.

Name: _____ Phone: _____

Address: _____

Email: _____

_____ I wish to be copied on correspondence **OR**

_____ I will periodically request status updates.