CODE ENFORCEMENT – MISDEMEANOR COMPLAINT FORM

Carson City Code Enforcement Division 108 E. Proctor Street Carson City, NV 89701

(775) 887-2599; Fax: (775) 887-2278; Hearing impaired: 711 Email: codeenforcement@carson.org

COMPLAINING PARTY:		
Name:	Phone: H:	Alt:
Address:	City/State/Zip:	
Note: Complaining party MUST complete the above information on all complaints. However, the Code Enforcement Division will report the complaint as anonymous provided this box is checked: Please report complaint as anonymous.		
SUBJECT PROPERTY/LOCATION OF COMPLAIN	IT:	
Name or Business:	Phone ((if available):
Address:		APN:
COMPLAINT:		
Have you contacted any other Carson City official or departies, what were the results?		
By signing below, I acknowledge that it is unlawful to report a misdemeanor violation knowing such report to be false, and that by doing so a person is guilty of a misdemeanor pursuant to Nevada Revised Statute (NRS) 207.280.		
If a citation is issued as a result of this complaint, will you ☐ Yes ☐ No	be willing to testify in court	against the alleged violator?
Print Name:	Signature:	
For Office Use Only:		
Investigator:	Investigation Dat	e:
Action Taken:		
	Da	te Closed: