

Case No. _____
Date Received _____
EMC Section(s) _____

City of Escalon
CODE ENFORCEMENT
Request for Investigation

2060 McHenry Avenue
Escalon CA 95320
(209) 691-7422

Return to: Mail/ Drop Off: 2060 McHenry Ave.
Fax: 209-691-7409
Email: code-enforcement@cityofescalon.org

Today's Date _____

Exact Address of Complaint _____

Property Owner Name _____

Property Owner Address _____

Phone No. _____ Other Phone No. _____

Tenant/Business Name _____

Business Owner Name _____

Business Owner Address _____

Phone No. _____ Other Phone No. _____

Description of Complaint _____

Reporting Party Name _____

Reporting Party Address _____

Phone No. _____ Other Phone No. _____

All information on this form will remain confidential.