

~ **CONFIDENTIAL** ~
CITY OF SANTA MARIA
CODE COMPLIANCE SERVICE REQUEST

PLEASE PRINT CLEARLY AND FILL OUT THIS FORM COMPLETELY. RETURN TO THE CITY ATTORNEY'S OFFICE, 204 EAST COOK STREET, SANTA MARIA, CALIFORNIA 93454-5169. WE CANNOT INVESTIGATE UNLESS YOU PROVIDE ALL INFORMATION REQUESTED BELOW.

I request that the Code Compliance Division investigate what I believe to be a violation of the Santa Maria Municipal Code that I have personally observed.

1. Exact date(s) problem observed: _____
2. Location (Address): _____ Apt/Unit: _____
3. Description of problem(s): _____

4. If vehicle is involved, give description:
 Year _____ Make _____ Model _____ Color _____ Lic# _____
 Year _____ Make _____ Model _____ Color _____ Lic# _____

5. Name of Property Occupant(s) (if any): _____ Phone #: _____
 Name of Property Owner(s): _____
 Address: _____ Phone #: _____

6. If problem is at a residence, does the property owner live there? Yes No

7. Print your name: _____ Address: _____
 Sign your name: _____ Telephone Number: _____

8. I request that my name be kept confidential Yes No 9. Date: _____

{ FOR CODE COMPLIANCE USE ONLY }

APN: _____

CASE #: _____

**REFER TO CODE COMPLIANCE CASE
 SUMMARY REPORT FOR STATUS**

Comments: _____

- | | |
|---|---|
| <input type="checkbox"/> 1 Conv/Dwelling Units | <input type="checkbox"/> 12 Trash, Rubbish, Junk, Weeds |
| <input type="checkbox"/> 2 Conv/Covered Parking | <input type="checkbox"/> 13 Property Nuisance |
| <input type="checkbox"/> 3 Home Occupations | <input type="checkbox"/> 14 Building/Remodel w/o permits |
| <input type="checkbox"/> 4 Signs | <input type="checkbox"/> 15 Substandard Living Cond. |
| <input type="checkbox"/> 5 CUP/PD/Zoning Permits | <input type="checkbox"/> 16 Living in Recreational Vehicles |
| <input type="checkbox"/> 6 Outside Display of Merchandise | <input type="checkbox"/> 17 Miscellaneous |
| <input type="checkbox"/> 7 Parking on Front Unpaved | <input type="checkbox"/> 18 Legal Recordings |
| <input type="checkbox"/> 8 Keeping of Roosters | <input type="checkbox"/> 19 Sales w/o Permits (Yard/Moving) |
| <input type="checkbox"/> 9 Abandoned/Inop Vehicles | <input type="checkbox"/> 20 Camping Ord./Storage in RW |
| <input type="checkbox"/> 10 Business in Res. District | <input type="checkbox"/> 21 No Business License |
| <input type="checkbox"/> 11 Noise Reg. (Barking Dogs) | <input type="checkbox"/> 22 Overcrowding/Boarding House |

By: 23 Vector Control

Referred To: _____

Date: _____

Comments: _____

- | | |
|---|--|
| <i>Print/Stamp Water Hookup</i> | <input type="checkbox"/> 24 SWMP – Waste Water |
| <i>Enter in Access Database</i> | <input type="checkbox"/> 25 Back Flow |
| <i>Print Assessor Info.</i> | <input type="checkbox"/> 26 _____ |
| <i>Print Violation History</i> | _____ |
| <i>Enter LandTrak 1-5, 14, 15, & 19</i> | _____ |
| <i>Trak It (Permit Check)</i> | _____ |
| <i>Print Business License</i> | _____ |
| <i>Complete Letter/Refer</i> | _____ |

~ **CONFIDENCIAL** ~
CIUDAD DE SANTA MARIA
PETICION DE SERVICIO DE LA APLICACIÓN DE EL CÓDIGO

IMPRIMA POR FAVOR CLARAMENTE Y COMPLETE ESTA FORMA TOTALMENTE. VUELVA AL LA OFICINA DEL ABOGADO DE LA CIUDAD, 204 ESTE DE LA CALLE COOK, SANTA MARIA, CALIFORNIA 93454-5169. NO PODEMOS INVESTIGAR A MENOS QUE PROVEE TODA INFORMACIÓN PIDIO ABAJO.

Pido que la persona que tiene cargo público de la Aplicación del Código investiga, qué creo ser una violación del Código Municipal de Santa Maria. He observado personalmente lo siguiente ocurre.

1. La fecha exacta en que observó el problema: _____
2. Localidad (Domicilio): _____ Número del apartamento: _____
3. Descripción de problema: _____

4. Si se envuelve vehículo, de descripción:
 Año _____ Marca _____ Modelo _____ Color _____ Licencia _____
 Año _____ Marca _____ Modelo _____ Color _____ Licencia _____

5. Nombre de Ocupante de la Propiedad (si alguno): _____ Teléfono: _____
 Nombre del Dueño de la Propiedad: _____
 Domicilio: _____ Teléfono: _____

6. Si problema es en una residencia, ¿que el dueño de la propiedad vive allí? Si No

7. Su nombre en letra de molde: _____ Domicilio: _____
 Firme su nombre: _____ Numero del Teléfono: _____

8. Pido que se mantenga mi nombre confidencial Si No
9. Fecha: _____

{ SOLAMENTE PARA EL USO DE LA OFICINA }

APN: _____

CASE #: _____

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- By: 23 Vector Control
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 25 Back Flow
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Print Violation History
Enter LandTrak 1-5, 14, 15, & 19
Trak It (Permit Check)
Print Business License
Complete Letter/Refer