CITY OF CAPITOLA
420 CAPITOLA AVENUE
CAPITOLA CALIFORNIA 95010
TELEPHONE/ TDD 831 475-7300
FAX 831 479-8879

BUILDING/ZONING COMPLAINT FORM

DATE RECEIVED: _____ COMPLAINT RECEIVED BY _____

VIOLATION ADDRESS: _____

APN: _____ ZONING DISTRICT: _____

CMC SECTION: _____

OCCUPANT/BUSINESS OWNER: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

PHONE #: _____

COMPLAINANT NAME: _____

MAILING ADDRESS: _____

PHONE #: _____

NATURE OF COMPLAINT: _____

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