



City of Millbrae

CODE ENFORCEMENT COMPLAINT FORM

Site Address: _____ Date: _____

Property Owner/Tenant (if known):

Name: _____

Address: _____

Telephone: _____

Landlord/Manager: _____

Nature of Complaint: _____

Reporting Party (CONFIDENTIAL):

(Pick One) Tenant Neighbor Other

Name: _____

Address: _____

Phone/Email: _____

Phone/Email: _____

Office use only:

Accepted by: _____ Date: _____

Reviewed by: _____ Date: _____

Referred to: _____ Date: _____

Case # CE

August 2017