



**MENDOCINO COUNTY
DEPARTMENT OF PLANNING AND BUILDING SERVICES**

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CANNABIS CULTIVATION COMPLAINT

Referred by:

County Dept. Other Agency Public

CASE #: _____

* In order for Code Enforcement to investigate potential violations, the subject property address and/or parcel number must be correct.

**SUBJECT
PROPERTY
INFO**

Property Owner Name: _____

Site Address of Violation: _____

Mailing Address: _____

APN: _____ Owner Phone #: _____

DESCRIPTION OF COMPLAINT:

(PLEASE NOTE: Complaints which are determined by staff to potentially compromise or threaten the safety or security of a Code Enforcement Officer will be referred to the appropriate Law Enforcement agency)

COMPLAINANT INFO:

CONFIDENTIALITY: Every effort will be made to keep the complainants identity confidential within the limits of existing laws.

Please check box if you would like to be notified of the results and check an appropriate box below on how you would like to be notified.

Printed Name: _____ Phone #: _____

by phone Signature: _____ Date: _____

in person Residence Address: _____

by mail Mailing Address: _____

emailed Email: _____

* Please Note: You will receive an auto response that we have received your complaint. Complaints that constitute potential health and/or safety hazards will be given priority. All other complaints will be investigated as they are received.