



CODE ENFORCEMENT COMPLAINT FORM

City of Medical Lake

S. 124 Lefevre Street P.O. Box 369 Medical Lake, WA 99022

Phone (509) 565-5000 Fax (509) 565-5008

Code Enforcement Officer: dyuhas@medical-lake.org

City Website: www.medical-lake.org

What is Code Enforcement?

Rules governing the use of private property are intended to protect the public health, safety, and welfare of all citizens. The City of Medical Lake is responsible for enforcing the provisions of the Medical Lake Municipal Code, Washington state laws, and other ordinances. Each ordinance also contains penalties that may be imposed when a property owner refuses to correct a cited violation. It is the intention of the Code Enforcement Office and the City of Medical Lake to work with citizens to correct violations that have been brought to our attention. The goal is not to penalize citizens when an effort is being made to correct the problem.

Who may file a complaint and when may it be filed?

Any citizen may file a complaint whenever they observe conditions, uses of property or structures that are improper or potentially hazardous. Many violations are considered a "nuisance" as defined in the Medical Lake Municipal Code Chapter 9.10 (*the Medical Lake Municipal Code is available in its entirety at the City's website www.medical-lake.org*):

A "nuisance" consists in doing an unlawful act, or omitting to perform a duty, or suffering or permitting any condition or thing to be or exist, which act, omission, condition or thing: (1) Annoys, injures or endangers the comfort, repose, health or safety of others; or (2) Offends decency; or (3) Is offensive to the senses; or (4) Unlawfully interferes with, obstructs or tends to obstruct or renders dangerous for passage any stream, public park, parkway, square, street or highway in the city; or (5) In any way renders other persons insecure in life or the use of property; or (6) Obstructs the free use of property so as to essentially interfere with the comfortable enjoyment of life and property.

NOTE: All complaints may not be a violation of the Medical Lake Municipal Code. The Code Enforcement Office/City Official shall determine if a violation has occurred and the proper remedy.

How is a complaint filed?

Except where an immediate life safety hazard exists, compliance actions generally begin with a signed complaint form. Once the complaint form is complete, you may submit the form: by fax to (509) 565-5008; by email to dyuhas@medical-lake.org; by mail; or in person to City of Medical Lake Code Enforcement, (P.O. Box 369) S. 124 Lefevre, Medical Lake, WA 99022.

What happens once I've submitted my written complaint?

The investigation process will typically begin once a complaint has been received and processed. In order for the Code Enforcement Office or City Official to begin compliance actions, the violation must be documented from the road or from a neighboring property who has granted permission to view the site. Actual resolution of the issue can take weeks, months, and possibly longer, depending on the complexity of the issue and legal ramifications.

INFORMATION OF PERSON FILING THE COMPLAINT

This section must be completed before the City of Medical Lake can act on this matter.

Please print

Your Name: _____

Your Address: _____

City: _____ Zip: _____

Phone Number: Daytime _____ Evening: _____

Email Address: _____

If necessary and applicable, may we have permission to enter your property to view the subject violation? YES _____ NO _____

Confidentiality: The information contained in complaints is a public record subject to disclosure under the Washington Public Records Act, Chapter 42.56 RCW, and may be requested and inspected by any person. Disclosure of information revealing your identity will depend on application of the Public Records Act, other applicable statutes, and whether the complaint is criminally prosecuted. Your identity may be withheld from public inspection at the City's discretion if you indicate that disclosure will endanger your life, physical safety, or property. With that understanding, **PLEASE INDICATE YOUR DESIRE FOR DISCLOSURE OR NON-DISCLOSURE OF YOUR IDENTITY BY INITIALLING THE APPROPRIATE BOX, AND SIGN AND DATE BELOW**

____My identity can be disclosed. ____Do not disclose my identity. I believe disclosure would endanger my life, physical safety, or property.

Your Signature: _____

Date: _____

CODE ENFORCEMENT COMPLAINT FORM (CONTINUATION)

THIS SECTION IS ABOUT THE ALLEGED VIOLATION – BE CONCISE AND COMPLETE

Please provide photographs, maps, or other documentation to substantiate the violation if possible

Address of potential violation (if known): _____

If no address available, please provide a detailed description of the property/location:

Property Owner/Occupants (if known): _____

Parcel Number (if known): _____

Typical Code Enforcement Violations: Garbage, Graffiti, Right of Way Obstruction, Zoning Violations, Junk Vehicles, Fire Hazard

Nature of violation: (What did you see?)

Have you filed a complaint against this party before? () YES () NO

If yes, how many times, when, and with which departments? _____

OFFICE USE ONLY

Date Received: ___/___/20___

Date resolved: ___/___/20___

Action taken:

Disposition: () Closed () Unfounded () Referred to other agency: _____ () Cited: # _____

() Other: _____ Official assigned: _____