



City of Arvin

COMPLAINT

The undersigned hereby complains of the following condition:
(Check general nature of complaint)

- | | | |
|--|--|---|
| <input type="checkbox"/> Business License | <input type="checkbox"/> Garbage | <input type="checkbox"/> Sales Tax |
| <input type="checkbox"/> Building Department | <input type="checkbox"/> Weeds or Rubbish | <input type="checkbox"/> Code Enforcement |
| <input type="checkbox"/> Dogs or Cats | <input type="checkbox"/> Police Department | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Streets/Alleys/Potholes | | |

The specific nature of my complaint is: (give details) _____

Date(s) of Incident: _____

Name: _____ Phone #: _____

Address: _____

Signature: _____ Date: _____

Your complaint will be referred to the appropriate city officials. If the problem is not solved to your satisfaction within _____ day(s) please contact the City Clerk's Office for disposition and status of your complaint.

**FOR CITY USE ONLY:
OFFICE OF THE CITY CLERK**

Disposition of above complaint:

Referred To:	
Building Dept. _____	City Council _____
Police Dept. _____	City Clerk _____
City Manager _____	Code Enforcement _____
Maint. & Infrastructure Dept. _____	Other _____

Remarks: _____

Final Disposition: _____

(RETURN THIS FORM TO THE CITY CLERK'S OFFICE)