



CITY OF OCEANSIDE

CODE ENFORCEMENT COMPLAINT FORM

Please use this form to file a code enforcement complaint. This information will be kept confidential unless ordered to be released by court order or by permission of the reporting party. **Anonymous complaints or incomplete forms will not be investigated. PLEASE COMPLETE SECTIONS 1 & 2.**

SECTION 1: COMPLAINT INFORMATION

Today's Date: _____ / _____ / _____

Violation Address: _____

Description of Violation: _____

SECTION 2: REPORTING PARTY INFORMATION

Name: **(required)** _____

Phone No.: **(required)** () _____

Address: (optional) _____

☐ Please contact me

☐ I do not wish to be contacted

WHEN COMPLETED:

Mail to:

City of Oceanside
Code Enforcement Division
602 Civic Center Drive
Oceanside, CA 92054

Drop off at:

Code Enforcement Counter
602 Civic Center Drive
Oceanside, CA 92054

Fax to:

Code Enforcement Division
(760) 967-1887

This complaint will be assigned to Code Enforcement personnel. Unless otherwise requested, you will be contacted to confirm receipt of this request and will be contacted periodically with case updates. If you have any questions please call the Code Enforcement office at (760)435-3945.

For City Use Only

Received by: _____

Date: _____

Assigned to: _____

Case No. _____