



City of Gonzales

147 Fourth Street, Gonzales, CA 93926
(831) 675-500

Code Enforcement Complaint Form

Date Received _____ Complaint No. _____

Received By _____ Mail Phone In Person

*Location of Violation _____ APN _____

Property Owner _____ Phone No.: _____

Owners Address _____

Description of Complaint

Code Section _____

Person Making Complaint: Name: _____

Address: _____

Phone No.: _____ Date: _____

Type of Complaint: Property Personel Environmental Facilities Animal Buisness
Water Sewer Other

Action Taken

Date

No Violation _____

Assigned: _____

Owner Contact _____

Date: _____

Notification Letter _____

Red Tagged _____

Complaint Resolved _____

