



CITY OF PROSSER, WA

601 7th Street, Prosser, Washington 99350 (509)786-2332 Fax (509)786-3717

CODE COMPLIANCE REQUEST FORM

(Your Information)

Name: (Last) _____ (First) _____

Address: _____

Phone Number: (____) _____

ADDRESS OF VIOLATION: _____

(Please provide the exact address of the violation; this will greatly increase the effectiveness of the Code Enforcement Abatement process. Failure to provide an exact address of the violation may result in the inability to locate the violation you are referencing.)

DESCRIPTION OF VIOLATION: *(Please be as specific as possible.)*

SIGNATURE: _____ **Date:** _____

All Code Enforcement request forms must be filled out completely. Incomplete forms will be not be submitted to the Code Enforcement Officer.

**NOTE: This form is subject to public disclosure.
This institution is an equal opportunity provider, and employer.**