



Date received:

**CODE ENFORCEMENT  
REQUEST FOR INVESTIGATION**

Phone call: \_\_\_\_\_

Counter: \_\_\_\_\_

Code Enforcement Officer: \_\_\_\_\_

**ADDRESS WHERE COMPLAINT IS  
OCCURRING:** \_\_\_\_\_

**PROPERTY OWNER=S NAME (IF KNOWN):** \_\_\_\_\_

**TENANTS NAME (IF KNOWN):** \_\_\_\_\_

**NATURE OF COMPLAINT:** \_\_\_\_\_

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**NAME OF PERSON FILING COMPLAINT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **(PHONE) HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_

**SIGNATURE OF COMPLAINANT:** \_\_\_\_\_ **Date** \_\_\_\_\_

**SPACE BELOW RESERVED FOR CODE ENFORCEMENT USE ONLY**

DATE	COMMENTS	Application No.:
		KIB No.:
		15 Day Investigation Date:
		History No.:
		Civil: Yes No
		VCA: Yes No
	Owner occupied: Yes No	Abate: Yes No
	Vacant Lot: Yes No	Amount \$

**RETURN TO: KENNEWICK POLICE DEPARTMENT  
741 S. DAYTON ST. / PO BOX 6108  
PHONE NO. (509) 585-4427, FAX NO. (509) 585-4250  
KENNEWICK WA 99336**