

**MARIPOSA COUNTY
REQUEST FOR INVESTIGATION**

This form is to be utilized when a citizen is requesting that a County Department investigate a possible violation of a County law or other health and safety related problem.

This form is confidential if submitted by a private citizen in accordance with County policy. However, the form must be released if required by a court of law. Forms submitted by competing business entities, as determined by the affected department head, will be made available to the complaintee at their request.

For Department Use Only:

GP Class Base Zone Parcel Size District Department HTE Case Number

Complainant Information (person completing this form)

Complainant Name(s)

Telephone Number

Mailing Address

Town/Area

Zip Code

Do you wish to be contacted with the results of this investigation? Yes No

If this complaint is being filed against a business, are you an owner or employee of a competing business?

Yes No Not Applicable

I certify that the information provided on this form is true and correct to the best of my knowledge.

Signature

Today's Date

Note: A competing business is a business that provides a similar service, or manufactures or sells similar products as determined by the department head of the department receiving the complaint.

Description of Violation / Problem

Street Address of Violation / Problem

Town/Area

Assessor's Parcel Number (APN)

Property Owner Name(s) – if known

Property Owner Mailing Address

Town

Zip Code

Nature of violation or problem (please be as specific as possible):

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