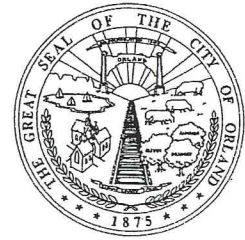


**City of Orland  
Code Violation Enforcement Form**



Date \_\_\_\_\_

( ) Telephone      ( ) Counter      ( ) Field      ( ) Letter

Taken by \_\_\_\_\_ Department \_\_\_\_\_

Assigned to \_\_\_\_\_ Date \_\_\_\_\_

Complainant \_\_\_\_\_ Telephone \_\_\_\_\_

Subject Address \_\_\_\_\_

Business/Tenant Name \_\_\_\_\_ Telephone \_\_\_\_\_

Owner Name \_\_\_\_\_ Telephone \_\_\_\_\_

Owner Address \_\_\_\_\_

AP # \_\_\_\_\_

Complaint/Violation Description \_\_\_\_\_  
\_\_\_\_\_

Code Section(s) \_\_\_\_\_

Case No. \_\_\_\_\_

First Inspection \_\_\_\_\_ Second Inspection \_\_\_\_\_

First Letter \_\_\_\_\_ Second Letter \_\_\_\_\_

*Interdepartmental Referral for Enforcement*

Referred for Action to \_\_\_\_\_ Date Referred \_\_\_\_\_

Citation No. \_\_\_\_\_ Hearing Date \_\_\_\_\_

Action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Resolved/Closed: \_\_\_\_\_

*Send copy of completed form to City Manager's Office*