

ENFORCEMENT ROUTE SLIP
Email to: Building@co.marion.or.us
Fax to (503) 588-7948

CONFIDENTIAL

Date: _____

Taken By: _____

This Complaint is from: (check one of the following)

- NEIGHBOR FIRE MARSHAL CITY
 OTHER GOVERNMENTAL AGENCY OTHER

LOCATION of COMPLAINT:

1. Address: _____ City _____
2. Map Tax Lot # _____
3. Cross Street/Directions: _____

DESCRIPTION of the COMPLAINT:

4. Description of work performed and where the work is located on the property (Example: red barn, 20 x 30, in northeast corner of the property): _____

CONTACT PERSON (not required):

5. If more information is required, whom should the inspector or this office contact?
Complainant's Name: _____ Phone Number: _____
Mailing Address: _____

The name of any complainant will remain confidential unless required by law to release.