



# City of Calistoga ACTIVITY INQUIRY / COMPLAINT FORM

Address/location of activity \_\_\_\_\_ APN \_\_\_\_\_

Date(s) activity observed \_\_\_\_\_

Description of activity inquiry or complaint

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### Complainant Information

Please provide the following information in the event we need to contact you for further information and/or so we can notify you of the City's action. You may choose to remain anonymous, however, if you elect to do so, we may not be able to proceed with any administrative or judicial actions concerning this matter and we will not be able to contact you with the results of our inquiry/investigation. This information will not be released to the public.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### *City use only*

Date received \_\_\_\_\_ Received by \_\_\_\_\_

person department

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

Date forwarded: \_\_\_\_\_ via  Hand delivery to:  Interdepartmental delivery to:

Building  Planning  Police  City Manager

Recreation Services  Public Works  Fire  Admin. Services

Napa Co. Env. Health  Employee \_\_\_\_\_

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