



CITY OF MUKILTEO

COMPLAINT FORM

Today's Date: _____ Date of Violation: _____ Case #: _____

Location of Complaint: _____

Owner/Occupant Name: _____

Phone No. _____ Does Owner Live at Residence? _____

Nature of Complaint: _____

Name of Person Making Complaint: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone _____

Under Chapter 42.17 R.C.W., the Public Disclosure Law, you as complainant may indicate preference for disclosure of your name to inquiries from the public. Please indicate by checking the appropriate box whether or not you wish to disclose your identity regarding public inquiries into this complaint. Upon such an inquiry, a decision of disclosure will be made by the City Attorney on a case by case basis. However, if the case is filed in court, your name must be disclosed if you are to be a witness.

You may disclose my identity upon public inquiries regarding this complaint

You may not disclose my identity upon public inquiries regarding this complaint without my permission

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT (RCW 9A.72.085)

Complainant: _____ Date: _____
Signature

Print: _____
Name

Witness: _____ Date _____
Optional