



Hood River County Community Development
601 State Street, Hood River OR 97031

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COMPLAINT/ENFORCEMENT REQUEST

Date of Complaint: _____

Name of Property Owner: _____

Property Address: _____

Legal Description (*if known*): Township _____ Range _____ Section _____ Tax Lot(s) _____

Detailed Description of Complaint/Alleged Land Use Violation: _____

Photographs or other information documenting the alleged violation will greatly assist the Planning Department in evaluating your complaint more quickly.

Name of Complainant: _____

Do you wish to be notified: Yes _____ No _____

Complainant's Address: _____

Telephone: _____ Email: _____

By signing this letter, I understand that this information is considered public record and could be disclosed upon request.

Complainant's Signature: _____