Submit by Email | Print Form

CITY OF CARPINTERIA

5775 CARPINTERIA AVENUE, CARPINTERIA, CA 93013, 805-684-5405, FAX: 805-684-5304

How may we be of service to you?

☐ Complaint ☐ Commendation
☐ Service Request ☐ Suggestion
☐ Information Request ☐ Other_____

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Reporting Party / Person

Date_____ Time_____am / pm In person ☐ By phone ☐ Email ☐

Name_____ Home Phone _____

Address_____ Work / Cell Phone_____

Would you like a personal response to this report? YES ☐ NO ☐

Location of Service Requested or Area of Concern

_____

_____

Describe Your Concern or Service Requested

_____

_____

_____

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Staff person taking this form: _____

Routing:

☐ Sheriff Dept ☐ Community Development ☐ Administration
☐ Public Works ☐ Building Division ☐ Code Compliance
☐ Parks & Recreation ☐ Sanitary District ☐ Water District
☐ Fire District Other:_____

Cc: City Manager

**********For Office Use Only**********

Action(s) taken:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

By whom_____ Date_____ Time_____

Further action(s) necessary_____
_____
_____
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_____
_____
_____
_____

By whom_____ Date_____ Time_____

Further comments_____
_____
_____
_____
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_____

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Reporting party / complaint notified by _____

Phone_____ Date_____ Time_____

Letter sent? _____ Date_____