



City of Portola

CODE ENFORCEMENT COMPLAINT FORM

Site Address Reporting: _____ Date: _____

Property Owner/Tenant (if known):

Reporting Party (CONFIDENTIAL):

(Pick One) Tenant Neighbor Other

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Phone/Email: _____

Landlord/Manager: _____

Phone/Email: _____

Nature of Complaint: _____

Office use only:

Accepted by: _____ Date: _____

Reviewed by: _____ Date: _____

Referred to: _____ Date: _____

Case # CE-24

(Form Updated Aug 2024)

City Manager's Office
35 Third Ave., Portola, CA 96122

Public Engagement Office (530) 832-6833
Fax (530) 832-5418



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