

Planning 491 East Pioneer Avenue Homer, Alaska 99603

Planning@ci.homer.ak.us (p) 907-235-3106 (f) 907-235-3118

COMPLAINT

Please fill out completely. Attach additional pages if needed, return to the address listed above. **Location of the property where the possible violation exists:** (If you don't know the address, please describe the location and identifying information such as description of buildings or vehicles, license numbers, etc. Please provide a site plan or map if you can)

Street address:		
Subdivision:	Block:	Lot:
KPB Tax parcel ID #:		·
Describe the possible violation:		
At what date/time did you first notice the possible violati	ion?	
How long has the possible violation existed?		
If known, provide the name, address and telephone num	ber of the owner of the pr	operty where the
possible violation exists:		
If known, provide the name, address and telephone num	ber of the person causing	the violation if that
person is not the owner of the property:		



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you will provide to the City: Yes	No If yes, please	e describe what you ha	ve and provide it	
with this complaint or let us know when it would be available.				
Have you previously filed a complaint a				
your last complaint?				
Are you filing an anonymous complaint	? Yes No, If no բ	olease answer the follo	wing:	
Are you willing to provide testimony in	court confirming the inc	ident you describe in	this complaint?	
Yes No if yes, we will contact	ct you for scheduling, if ne	eeded.		
Your signature:		Date:		
Your Name printed:				
Mailing Address:				
Telephone: (work)	_ (home)	(cell)		
E-mail:				
NI-4				
Notes:				