REKEY FOR INVESTIGATION  
Public works Department - Code Enforcement  
P.O. Box 9, 300 E Scott Ave  
Woodland, WA 98674  
www.ci.woodland.wa.us  
360) 225-7999 Fax (360) 225-7467

DATE: ________________________________  CASE NUMBER:  CE-__________

VIOLATION LOCATION: ______________________________________________________

VIOLATORS NAME: __________________________________________________________

VIOLATORS PHONE: __________________________________________________________

PROPERTY OWNER: __________________________________________________________

OWNER ADDRESS: __________________________________________________________

DETAIL OF COMPLAINT: ______________________________________________________

___________________________________________________________________________

___________________________________________________________________________

COMPLAINANT: ______________________________________________________________

ADDRESS: _________________________________________________________________

PHONE: __________________________  EMAIL: _________________________________

NOTE: RCW 42.56, The Disclosure of Public Records: You as the complainant may indicate a preference for disclosure or non-disclosure of your name to inquiries from the public, if you believe such disclosure would endanger any persons life, physical safety, or property.

Your preference regarding disclosure or non-disclosure may be made at the time the complaint is filed.

DO NOT DISCLOSE IDENTITY: ☐

Signature of Complainant: ____________________________  DATE: _______________

FOR OFFICE USE ONLY

COMPLAINT TYPE: ____________________________  REPEAT VIOLATION: ______________________

CODE SECTION: ___________________________________________________________________

CODE SUBSECTION: __________________________________________________________________

COUNTY: ______________  ZONE: __________________

LETTER SENT: ☐  DATE LETTER SENT: ____________________________

REGISTERED LETTER SENT: ☐  DATE REGISTERED LETTER SENT: ____________________________

RESOLUTION: __________________________________________________________________

_____________________________________________________________________________

Signature: ____________________________  RESOLUTION DATE: _______________