



PUBLIC NUISANCE COMPLAINT FORM

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362
360.417.4750 | www.cityofpa.us | ced@cityofpa.us

file no. _____

The purpose of a Public Nuisance Complaint is to provide an opportunity to report nuisances that impact the health, safety, and welfare of the citizens of the City. Nuisances are specifically defined in Chapter 8.30 of the Port Angeles Municipal Code and are intended to protect the quality of life within the City by providing standards for the appearance and condition of properties. The intent of the City's nuisance code is to protect the expectations of the City's citizens to enjoy their dwellings and property without being subjected to unpleasant conditions and to protect property values.

COMPLAINANT INFORMATION

Complainant Name: _____

Complainant Address: _____

Complainant Phone: _____ Email: _____

Nuisance Category		Location
<input type="checkbox"/> Sanitary / health hazard	<input type="checkbox"/> Interference or damage to Environmentally Sensitive Areas (i.e. bluffs, ravines, wetlands, streams, etc.)	<input type="checkbox"/> Building
<input type="checkbox"/> Filth / litter / debris / storage	<input type="checkbox"/> Abandoned / dilapidated structure	<input type="checkbox"/> Yard
<input type="checkbox"/> Junk vehicle(s) / parking of vehicles	<input type="checkbox"/> Construction nuisance	<input type="checkbox"/> Public Right-of-way (Street/Sidewalk/Alley)
<input type="checkbox"/> Graffiti	<input type="checkbox"/> Unauthorized / illegal sign	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Vegetation / tree(s) / shrubs	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Right-of-way obstruction		
<input type="checkbox"/> Light trespass / Noise		

NUISANCE DESCRIPTION

Nuisance Address: _____

Nuisance Description: _____

(Please attach any additional comments, photos, or evidence)

I understand that all public nuisance complaints are prioritized according to the level of adverse impact to public health, safety, and welfare; and that by checking the "confidential" box, I understand that confidentiality, or non-disclosure, relates to Public Records disclosure (RCW 42.56.24) and does not protect my identity in the event of court actions or proceedings.

Complainant Name (Print) _____ Confidential

Complainant Signature _____ Date _____

Received by: _____

DATE STAMP
