



City of Hesperia
BUILDING AND SAFETY DIVISION

COMPLAINT AND INVESTIGATION REPORT

Date: _____ Time: _____ By: _____
 Address of Suspected Violation or Problem _____
 Cross Street _____
 Complainant's Name _____ Phone _____
 Complainant's Address _____
 Nature of Complaint _____

Signature of Complainant _____

Property Owner _____
 Occupant _____ Phone _____
 Setbacks Front _____ Side _____ Side _____ Rear _____ Easements _____ Zone _____
 APN _____ Lot _____ Tract _____

Disposition _____

Photos taken Yes No Correspondence Recommended Yes No Type _____

Investigator _____ Date _____ Time _____