

KLAHANIE

Appendix B Report of Non-Compliance

DATE: _____

NAME OF PERSON(S) REPORTING: _____

ADDRESS: _____ NEIGHBORHOOD: _____

PHONE NUMBER: _____

EMAIL: _____ DO YOU WANT PERSONAL RESPONSE? YES ___ NO ___

BEST TIME TO REACH YOU?: Morning ___ Afternoon ___ Evening ___ | By email ___ or phone ___

NAME OF RESIDENT IN NON-COMPLIANCE: _____

OWNER'S NAME (IF DIFFERENT FROM RESIDENT): _____

ADDRESS: _____ NEIGHBORHOOD: _____

PHONE NUMBER(S): _____

EMAIL(S): _____

IS THE PROPERTY A RENTAL? YES ___ NO ___

NON-COMPLIANCE ISSUE: (please be specific as to dates, time, occurrences, etc.)

WHAT WAS THE OUTCOME WHEN YOU SPOKE TO THE NEIGHBOR ABOUT THE PROBLEM?: _____

ADDITIONAL INFORMATION YOU WISH TO INCLUDE: _____
