



Return Form to:
City of San Juan Capistrano
Community Development Department
32400 Paseo Adelanto
San Juan Capistrano, CA 92675
Fax: 949-661-5451
Phone: 949-443-6344

Code Enforcement Request Form

Form must be signed and dated

Requestor _____ Date _____

Address _____ Phone No. _____

Address of Violation: _____

Describe nature of Request. Please include all information regarding the alleged violation (addresses, names, dates/duration, etc...). Use the back of this form if needed.

Signature of Requestor _____

Have you filed a complaint with any other agency regarding this issue? Yes No

If so, which agency? _____

Name and telephone number of individual contacted: _____

For City Use Only

Date/Time Received _____ Case No. _____

Received By _____ Referred To _____

Staff Investigation/Action Taken:
