Okanogan County Planning and Development Department Complaint form

Date:		Received By:	Complaint #
Referred To:		Parcel	#
Owner :		Telephone #:	Mailing Address:
Nature of Comp	plaint:		
Directions to Co	omplaint Are	ea:	
Complainant:		Telephone #:	Mailing Address:
Date:	Time:	Findings / Actions	5
		SOLUTION	
() Verified ()	Unverified	Referred to:	
Investigation C			Date:

Notes:			