



REQUEST FOR ACTION

****Violation address is mandatory to file a complaint**

**Address of Alleged Violation(s) _____

Name of Owner or Business of Alleged Violation(s) _____

Nature of Complaint (300 characters max)

Complainant Name _____ Phone No. _____

Address _____

Signature _____ Date _____

Disclosure Information DO NOT DISCLOSE OK TO DISCLOSE

You may also submit a *Request for Compliance* through the *Click n' Request* application on our website at www.ci.seatac.wa.us

CODE COMPLIANCE USE ONLY

COD# _____ Property Owner's Name _____

Officer _____ Property Owner's Address _____

Date Received _____

Date	Time	Comments	Initial