## CITY OF FLORENCE CITY CODE VIOLATION REPORT 250 Hwy 101 Florence, OR 97439 (541) 997-3437

All requested information must be provided on this report or it cannot be investigated. This report is a public document and subject to disclosure.

| Date of Report             |                       |                 |                | Staff Initials                        |          |
|----------------------------|-----------------------|-----------------|----------------|---------------------------------------|----------|
| Site Address               |                       |                 |                |                                       |          |
| Property Owner<br>If Known |                       |                 |                |                                       |          |
| Nature of Violat           | ion: (Be Specific. If | freporting vehi | cle, include m | nake, model, & license plate number.) |          |
|                            |                       |                 |                |                                       |          |
|                            |                       |                 |                |                                       |          |
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|                            |                       |                 |                |                                       |          |
| Contact Informat           | ion:                  |                 |                | Phone                                 | _        |
| Name                       |                       |                 |                |                                       | <u>_</u> |
| Address                    |                       |                 |                | E-Mail                                |          |
| City                       |                       | State           | Zip            |                                       |          |
|                            |                       | OFFICE          | USE ONLY       |                                       |          |
| _                          |                       |                 |                | Date                                  |          |