27 S. Main Street
Yerington NV 89447
775-463-6591

# LYON COUNTY
# COMMUNITY DEVELOPMENT DEPARTMENT

CODE ENFORCEMENT DIVISION

(775) 344-8326

***COMMUNITY DEVELOPMENT DIRECTOR - GAVIN HENDERSON***

## CODE COMPLIANCE COMPLAINT FORM

**DATE OF COMPLAINT:** _____

**COMPLAINANT NAME:** _____ _____
**First Name** **Last Name**

**COMPLAINANT ADDRESS:** _____ _____ _____
**Number** **Street Name** **City**

**COMPLAINANT PHONE: (_____)** _____ **-** _____ **Ext:** _____

**EMAIL ADDRESS** _____@_____

**ADDRESS AND/OR APN OF POSSIBLE CODE INFRACTION**
***(We must have an address or APN to follow up with a complaint)***

_____ _____ _____
**Number** **Street Name** **City**

**APN:** _____ **-** _____ **-** _____

**NATURE OF COMPLAINT** ***(Please give as many details as possible & Attach photos when possible)***

_____

_____

_____

**Have you contacted any other county official or department about this situation? Yes ☐ No ☐**

**If so, what were the results?** _____

**Have you contacted the source of the concern to try to resolve the problem yourself? Yes ☐ No ☐**

**If so, what were the results?** _____

_____

***I understand, pursuant to the Nevada Revised Statutes (NRS) 207.280 that it is unlawful to report a misdemeanor violation knowing such report to be false and that by doing so a person is guilty of a misdemeanor. If a citation is issued as a result of this complaint, you may be requested to testify in court. I hereby agree to testify in court if requested to do so.***

_____ _____ _____
**Printed name of Complainant** **Signature of Complainant** **Date**

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**FOR COUNTY USE ONLY**

**CE #:** _____

**Date complaint received:** _____ **Date of inspection:** _____

**Photos taken: Y** _____ **N** _____ **Statements taken: Y** _____ **N** _____

**Action Taken:** _____

**End result:** _____

**Date closed** _____ **Investigator:** _____