



City of Isleton

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Complaint # _____

COMPLAINT FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Complaint:

FOR OFFICE USE ONLY

- Copies to:
- City Council
 - City Clerk
 - Planning Commission
 - Fire Chief
 - City Accountant
 - Employee(s) _____
 - City Manager
 - Public Works
 - Planning Director
 - Parking Enforcement officer
 - Building Inspector
 - Code Enforcement Officer
 - Isleton Historical Preservation Review Board

Follow Up:

