



BAKER CITY PLANNING DEPARTMENT

P.O. Box 650, Baker City, OR 97814-0650

541-524-2054

www.bakercity.com

REGISTRATION OF COMPLAINT

App. No. _____
City Planning: 101-100-4100701
Received by: _____
Date Received: _____

COMPLAINTEE			COMPLAINANT		
Last Name	First	MI	Last Name	First	MI
Mailing Address			Mailing Address		
Physical Address			Physical Address		
City	State	Zip	City	State	Zip
Telephone			Telephone		
Email			Email		

PROPERTY INFORMATION

Township _____ Range _____ Section _____ Tax Lot _____ Ref. _____ M49/37

Township _____ Range _____ Section _____ Tax Lot _____ Ref. _____ M49/37

Directions to Property: _____

Nature of Complaint: _____

Please read carefully and initial: *This information is considered public record and could be disclosed upon request*

Initials