



CITY OF COVINGTON - CITIZEN ACTION REQUEST (CAR)
16720 SE 271st Street Suite 100 Covington, WA 98042
(253) 480-2400 Fax (253) 480-2401

Date: _____

Received by: _____
 (Staff name)

COMPLAINANT/STAFF (Person making request)	PROPERTY LOCATION
Name:	Address/Location of Incident:
Address:	
Phone: Phone #2: e-mail:	Property Owner Name (if known):
Would you like your contact information to remain confidential? ___ Yes ___ No ___ N/A <small>Your personal information will only remain confidential pursuant to RCW 42.56.240.</small>	Phone (if known):

Description of Issue or Comment/Request:	
X SIGNATURE	

FOR OFFICE USE ONLY BELOW THIS POINT	
___ Community Dev	___ PW/Maintenance
___ Parks	___ Code Enforcement
___ Police	
Date Department Received: _____	Police Department: _____
Due Date: _____	Officer Name: _____
Date Dept. contacted Citizen: _____	Police Case No.: _____
Pertinent Ordinance Sections: _____	Department Case No. _____

INITIAL INSPECTION REPORT:

ACTION TAKEN:

RESPONSE/COMPLETION:

Inspector Initials:	Date of Inspection:	Completion date:
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Please Print Clearly

Logged by:	Date Copy Sent:	Completion Logged By:	Case Number:2018 -
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1. Clerk scans the CAR form into Permit Trax. 2. Clerk routes original CAR to appropriate department.
3. Department responds in Permit Trax, completes this form, and routes form back to City Clerk.
4. Clerk logs completion and scans complete form. (3yr retention).