



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)

Please Print Clearly

All fields are required unless otherwise noted.

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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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).

Logged by: _____	Date Copy Sent: _____	Completion Logged By: _____	Case Number: 20__ - ____
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