



**CITY OF SANTA CLARITA**

**COMMUNITY PRESERVATION  
COMPLAINT FORM**

**ADDRESS OF PROPERTY IN VIOLATION: (ONE ADDRESS PER FORM, PLEASE  
BE AS SPECIFIC ABOUT THE LOCATION AS POSSIBLE)**

---

---

**BRIEF SUMMARY OF CONDITION:** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

How long has the condition existed? \_\_\_\_\_

---

---

**REQUESTOR INFORMATION:**

Print Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

---

Daytime Phone Number: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Mail or fax to Community Preservation at :**

**23920 Valencia Blvd., Suite 300  
Santa Clarita, CA 91355  
Fax (661) 255-4356**