

TRANSIENT RENTAL COMPLAINTS

**CITY of YACHATS
441 HIGHWAY 101 N
P O BOX 345
YACHATS OR 97498
Phone: 541-547-3565 Fax: 541-547-3063**

Name of Complainant: _____

Complainant's Address: _____ Phone: (____) _____

Rental Address: _____

Date of violation: _____ Time: _____

NATURE OF COMPLAINT

- | | |
|---|--|
| <input type="checkbox"/> Excessive Traffic | <input type="checkbox"/> Monopoly of on-street parking |
| <input type="checkbox"/> Offensive noise, litter, or odor | <input type="checkbox"/> Adversely effects the residential character of the neighborhood (explain below) |

Other (explain below)

Contact Person Called (date and time): _____

Result: _____

I attest that they have contacted the contact person regarding the complaint.

Signature

Date