

## County of Santa Cruz Cannabis Licensing Office 701 Ocean Street, Room 520 Santa Cruz, CA 95060 831-454-3833



Cannabisinfo@santacruzcounty.us

## CONFIDENTIAL CANNABIS CODE COMPLIANCE COMPLAINT FORM

Please complete all sections of this form. You may be contacted for additional information about the alleged violation. We do not accept anonymous complaints; however, the identity of anyone reporting code violations is kept confidential and is protected under California Code Section 6250 et.seq.

REPORTING PARTY CONFIDENTIAL INFORMATION:					
Your Name:					
Your Address:					
LOCATION OF VIOLATION: (identify the property where the Address:	, , ,				
Cross Street:	Property Owner(s) Name:				
PLEASE DESCRIBE IN DETAIL THE EXTENT OF THE ALLEGED VIOLATION(S)					
Is this an urgent situation that is creating an immediate hazard?	☐ Yes	□ No	If yes, please explain:		
Has Sheriff or other enforcement agency responded recently?	☐ Yes	□ No	If yes, please explain:		
What steps have you already taken to resolve this problem?					

How is this violation detrimentally impacting you?				
	of your complaint, the County will send wr t. Do you wish to receive a copy of this le	itten notification to the owner of the property where the violation is etter?		
I certify that th	e information above is accurate to the be	st of my knowledge.		
Signature:		Date:		
	OCEAN STREET, 5 <sup>™</sup> FLOOR. NON-UR	O TO 454-2580 OR HAND DELIVERED TO CANNABIS LICENSING REGENT COMPLAINTS MAY BE SUBMITTED VIA EMAIL TO:		
CamabisComplaint@santacruzcounty.us				
		ED BY OTHER GOVERNMENTAL AGENCIES / DEPARTMENTS. NTS LISTED BELOW FOR THE FOLLOWING:		
	Abandoned Vehicles	County Sheriff's Office, 454-7602		
		County Animal Control, 454-7303		
	Drainage	County Public Works Department, 454-2160		
		County Environmental Health Services, 454-2022		
	Substandard Housing Conditions	County Environmental Health Services, 454-2022		
	Wood Ahatomont	Local Fire Department		