

CROOKED RIVER RANCH CC&R/CODE ENFORCEMENT COMPLAINT FORM

CRR OFFICE ONLY: DATE RECEIVED _____

COMPLAINT CASE # _____

INSTRUCTIONS FOR COMPLAINANTS: *This form is used by Crooked River Ranch to investigate complaints and enforce correction of violations of Crooked River Ranch CC&Rs (Covenants, Conditions and Restrictions).* If the investigation team of the CC&R Review Committee determines the complaint to constitute a valid CC&R violation, the Ranch will require the owner bring the property into compliance. Failure to do so will result in legal action. In the case of violations that include both CC&R violations and county code violations, failure to abate will result in an official request from the Ranch that the county investigate and prosecute the violation. A complainant may always submit a complaint directly to their county code enforcement officer using the appropriate county form. CRR pledges to work closely with the county code enforcement officers in dealing with code violations. In order for your complaint to be accepted and investigated you must complete all questions marked with an asterisk (*), and the others to the best of you knowledge. CRR Administration will complete the areas noted "For Office Use Only". You must also sign the statement on the bottom of the second page. Any accompanying documentation, including photos, needs to have identifying information on it. including address. date and a statement of how it supports the complaint.

PLEASE PRINT

COMPLAINT INFORMATION (Complainant must complete)

*ADDRESS OF VIOLATION: _____

*NEAREST CROSS STREET _____ COUNTY: () DESCHUTES () JEFFERSON

* DETAILS OF COMPLAINT – BE SPECIFIC: _____

Attach additional sheet if necessary

CAN THE VIOLATION BE SEEN FROM THE ROAD? YES () NO ()

WHAT DIRECT IMPACT DOES THIS REPORTED VIOLATION HAVE ON YOU, YOUR PROPERTY AND/OR YOUR NEIGHBORHOOD? DESCRIBE: _____

ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION? (Such as dangerous or unstable residents, criminal activity, vicious or aggressive dogs, dangerous chemicals, etc.): YES () NO () IF YES,

DESCRIBE: _____

OFFICE USE ONLY:

RESIDENT'S NAME _____ PHONE _____

PROPERTY OWNER (If different from resident) _____

OWNER'S MAILING ADDRESS (If not resident) _____

_____ PHASE _____ LOT _____

OWNERS ACCOUNT NUMBER _____ ACCOUNT STATUS _____

COMPLAINANT INFORMATION

*NAME OF COMPLAINANT: _____

*ADDRESS OF COMPLAINANT: STREET _____

CITY _____ STATE _____ ZIP _____

*DAYTIME TELEPHONE NUMBER (S) _____

*EMAIL ADDRESS _____

(Email address will be used only for purpose of contact regarding this complaint)

*DO YOU GIVE PERMISSION FOR CODE ENFORCEMENT PERSONNEL TO VIEW THE REPORTED VIOLATION FROM YOUR PROPERTY IF IT MAY NOT BE SEEN FROM THE ROAD? NO () YES () _____ (Initials if yes)

*ARE YOU A NEIGHBOR OF THE PROPERTY OF THE COMPLAINT? YES () NO ()

*HAVE YOU SPOKEN TO THE RESIDENT/OWNER ABOUT THE SUBSTANCE OF THE COMPLAINT? YES () NO ()

*IF NO, WHY NOT? _____

*WILL YOU, AND THE COMPLAINANT, BE WILLING TO TESTIFY IN COURT IF NECESSARY? YES () NO ()

By signing below, I declare that all information submitted on and with this form is true and accurate to the best of my knowledge.

COMPLAINANT SIGNATURE _____

DATE _____