



CITY OF GALT
Community Development Department, Code Compliance Division
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Galt, CA 95632
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CODE COMPLIANCE • COMPLAINT REPORT

Name of Complainant (First name, last name):

Permanent Address:

Home or Work Telephone:

Location of Complaint:

Description of Complaint:

Signature of Complainant:

OFFICE USE ONLY
Case #: _____ Taken In By: _____ Date Taken In: _____
Type: _____ Date Closed: _____