



TOWN OF WOODWAY

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<http://www.townofwoodway.com>

File #:

REQUEST FOR ACTION/COMPLAINT FORM

COMPLAINANT/PERSON MAKING REQUEST	PROPERTY LOCATION
Name:	Address/Location of Incident:
Address:	
City/State/ZIP:	Property Owner Name (if known):
Phone:	
Anonymous: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Phone (if known):

Date of Occurrence:	Time of Occurrence:
Description of Issue or Comment/Request:	

FOR OFFICE USE ONLY BELOW THIS POINT

Received by:	Date:	Time:
Forwarded to: <input type="checkbox"/> Building <input type="checkbox"/> Planning <input type="checkbox"/> Public Works <input type="checkbox"/> Police	Pertinent Ordinance Sections:	
Initial Inspection Date:	Inspected by:	
Report:		
Response/Completion Date:	Inspected by:	
Report:		

*Name and address will be redacted from this form if a copy is requested.