

DEVELOPMENT SERVICES OFFICE VIOLATION REFERRAL FORM

BUILDING INSPECTION OFFICE  
SANTA CLARA COUNTY

All referrals must be submitted in writing. Identifying information of the person filing this referral will be kept confidential. An inspector will be sent as soon as possible to investigate referrals regarding possible violations of the HOUSING codes, for example: inadequate sanitation or ventilation; hazardous structures; faulty electrical wiring, plumbing, mechanical equipment, or weather protection; inadequate exiting; etc.

Please PRINT the following information

Address or Location of the Property: \_\_\_\_\_

APN (if known) \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Property Owner's Telephone \_\_\_\_\_

Describe what you believe to be a possible violation of the housing code:

\_\_\_\_\_

Have you talked to the owner or manager about this? \_\_\_\_\_

If so, what was the owner's or manager's response? \_\_\_\_\_

\_\_\_\_\_

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Your Daytime Telephone \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail: Building Inspection Office  
County Administration Building  
70 W. Hedding St, E 7  
San Jose, CA 95110

or Fax: (408) 279 8537