



Compliance Investigation Action

ADDRESS	Date received
	Received by
	CIA Case Number

PARCEL NUMBER	LEGAL DESCRIPTION
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PERSON INITIATING REQUEST Name _____ Address _____ City/State/Zip _____ Phone _____ Email _____	TENANT Name _____ Address _____ City/State/Zip _____ Phone _____ Email _____
PROPERTY OWNER Name _____ Address _____ City/State/Zip _____ Phone _____ Email _____	TENANT/LANDLORD CERTIFICATION Required <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If initiating person is the tenant of the property to be investigated, a completed Tenant/Landlord Certification must be submitted with this request. (RCW59:18.060)

SITUATION TO BE INVESTIGATED

