



PUBLIC WORKS DEPARTMENT
CODE ENFORCEMENT DIVISION
550 N CANAL ST
SOUTH SAN FRANCISCO, CA 94080

City of South San Francisco

Smoking in Multi-Unit Residence Violation Complaint Form

This complaint is submitted pursuant to Chapter 8.50 (Regulation of Smoking) of the South San Francisco Municipal Code. This form must be completed truthfully and accurately. False statements are subject to penalties under penalty of perjury.

1. Complainant Information

Full Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: CA ZIP: _____

Do you reside at the property where the alleged violation occurred? Yes No

If no, describe your relationship to the property:

2. Location of Alleged Violation

Street Address: _____

City: South San Francisco State: CA ZIP: _____

3. Building Characteristics

Does the property contain two (2) or more units (apartments, condominiums, townhouses, rooms in a single room occupancy facility or rooms in a homeless shelter)? Yes No

If yes, does the property contain (check all that apply):

Shared walls Shared floors Shared ceilings Shared ventilation system

4. Signage Compliance

If the property meets both characteristics in Section 3, are 'No Smoking' or equivalent signs posted?

Yes No

If yes, where are the signs posted:

If yes, please attach copies of photographs of the signs.

5. Smoking Violation Details

If the property meets both characteristics in Section 3,

a. List Unit(s) or Common Area(s) Where You Observed Smoking:

b. List Date(s) and Time(s) You Observed Smoking in Units or Common Areas Noted in Section 5.a:

Date	Start Time	End Time
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c. List Manner of Your Observation of Smoking Identified in Sections 5.a and 5.b (check all that apply):

- Visual observation
- Odor of smoke
- Smoke entering through vents, walls, windows, or hallways
- Use of electronic smoking devices
- Other: _____

Description:

6. Additional Information (Optional)

7. Declaration Under Penalty of Perjury

I declare under penalty of perjury under the laws of the State of California that the information provided in this complaint is true and correct to the best of my knowledge and belief.

Signature: _____

Printed Name: _____

Date: _____

Submission Instructions

Submit this completed form and any supporting documentation to the City of South San Francisco Code Enforcement Division.