



# CITY OF HALF MOON BAY

501 Main Street  
Half Moon Bay, CA 94019  
(650) 726-8253

## Complaint Form

NAME: \_\_\_\_\_  
*please print clearly*

ADDRESS: \_\_\_\_\_  
*(mailing address) (city) (zip)*

PHONE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
*(best daytime phone)*

EMAIL ADDRESS: \_\_\_\_\_

### 1. Date and Time of Accident or Occurrence

\_\_\_\_\_  
\_\_\_\_\_

### 2. Location/ Address of Complaint

\_\_\_\_\_  
\_\_\_\_\_

### 3. Description of Complaint

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return form Attn: Code Enforcement Department 501 Main St. Half Moon Bay CA 94019  
Email: [Codeenforcement@hmbcity.com](mailto:Codeenforcement@hmbcity.com)