

MONTEREY COUNTY RESOURCE MANAGEMENT AGENCY

Carl P. Holm, AICP, Director

LAND USE & COMMUNITY DEVELOPMENT | PUBLIC WORKS & FACILITIES | PARKS

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Dear Community Member:

It is the goal of the Monterey County Building Services Department to provide excellent customer service. However, problems may occur from time to time. Our goal is to resolve your issue. To assist us in this goal, please complete and return this form to the Front Counter Receptionist. Upon receipt, this form will be forwarded to the appropriate senior staff for review. A staff member will then be assigned to contact and assist you as soon as possible.

Name: _____ Phone: _____ Email: _____

Address: _____

Affiliation: (Please check one):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Architect/Designer | <input type="checkbox"/> Attorney | <input type="checkbox"/> Builder/Contractor | <input type="checkbox"/> Engineer/Surveyor |
| <input type="checkbox"/> Real Estate Agent/Broker | <input type="checkbox"/> Property Owner | <input type="checkbox"/> Consultant/Researcher | <input type="checkbox"/> Other _____ |

Signature: _____ Today's Date: _____

Reason for your visit/call: (Please check all that apply)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Appointment/Meeting | <input type="checkbox"/> Document Request | <input type="checkbox"/> Inspection |
| <input type="checkbox"/> Building permit process | <input type="checkbox"/> Code Violation | <input type="checkbox"/> Fee Payment |
| <input type="checkbox"/> Inspection Request | <input type="checkbox"/> Research | <input type="checkbox"/> File Review |
| <input type="checkbox"/> Submission of plans | <input type="checkbox"/> Plan Revision | <input type="checkbox"/> Plan Review |
| <input type="checkbox"/> General information/Brochures/Forms | <input type="checkbox"/> Building Code Question | |
| <input type="checkbox"/> Building Permit Application – Type _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Describe your concern. Please be specific by including permit number(s) if applicable, names, dates and times whenever possible.

Date of incident: _____ Name of staff person(s) involved: _____

Permit number(s): _____ Assessors Parcel Number _____

What happened?

Describe what you have done to try to resolve the problem and the results.

How would you like to see this issue resolved?

*****INTERNAL TRACKING*****

Received by: _____

Date: _____

Referred To: _____

Date: _____