



Town of Moraga

PLANNING DEPARTMENT
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(For Staff Use Only)

ALLEGED VIOLATION OF TOWN ORDINANCE

NATURE OF ALLEGED VIOLATION:

ADDRESS OF ALLEGED VIOLATION:

Address: _____

City/State/Zip: _____

CONTACT INFORMATION FOR PERSON REPORTING VIOLATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

I acknowledge that the filing of this report becomes a public record and is available to the public.

X _____
Signature of Person Reporting Violation and Date