



## JEROME COUNTY CODE ENFORCEMENT

300 North Room 308 - Jerome, ID. 83338 - Phone 208.644.2713 - Fax 208.644.2713

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Code Enforcement Officer, Bob Wright  
bwright@co.jerome.id.us

### JEROME COUNTY COMPLAINT PROCEDURE

Jerome County Code Enforcement will investigate all complaints in accordance with Chapter 20 of the Jerome County Zoning Ordinance. The safety and welfare of all Jerome County Citizens is our highest priority. Violations of the Ordinance are a serious matter and are responded to accordingly.

Our office will make every reasonable attempt to mitigate a violation prior to sending the matter to the County Prosecutor for Legal Action. Property Inspections, Mitigation Meetings and other activity utilized in mitigation attempts are strictly between the Property Owner and Staff and will remain confidential until such becomes a matter of public record. As a courtesy the Planning and Zoning Staff will provide the Complainant with information regarding any action taken by the Staff in relation to the complaint filed, after the investigation is concluded.

Please include the following information:

1. Property or legal address of where the complaint has occurred
2. Property owner and contact information (if known)
3. State the complaint you wish to have investigated
4. Duration of violation
5. Action requested
6. Name, address and phone number of complainant
7. If the complainant wishes to receive information on action taken by the County

The Complainant may submit their complaint in writing with the above information or fill out the attached form. Without the above information the Planning & Zoning Office may not investigate your complaint or contact you regarding the complaint.

**JEROME COUNTY CODE ENFORCEMENT COMPLAINT FORM**

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PLEASE COMPLETE ALL APPLICABLE INFORMATION.  
PROVIDE AS MANY RELEVANT DETAILS AS POSSIBLE.  
IF YOU HAVE PHOTOS PLEASE SUBMIT THEM WITH THE COMPLAINT.

**COMPLAINT INFORMATION:**

ADDRESS OR PARCEL # OF PROPERTY IN QUESTION: \_\_\_\_\_

PROPERTY OWNER (IF KNOWN) \_\_\_\_\_ PHONE \_\_\_\_\_

SUMMARY OF COMPLAINT: \_\_\_\_\_

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

(If necessary, attach a separate sheet)

HOW LONG HAS THE SITUATION EXISTED? \_\_\_\_\_

ACTION REQUESTED: \_\_\_\_\_

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

**COMPLAINANT INFORMATION:**

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ Fax # \_\_\_\_\_

*CONFIDENTIALITY DISCLOSURE OF INFORMATION REVEALING YOUR IDENTITY WILL DEPEND ON APPLICATION OF THE PUBLIC RECORDS ACT, IDAHO CODE 9-340, OTHER APPLICABLE STATUTES AND WHETHER THE COMPLAINT IS CRIMINALLY PROSECUTED.*

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_