

Date Received:

City of Rockaway Beach, Oregon 276 S. Highway 101, PO Box 5 Rockaway Beach, OR 97136 (503) 374-1752

SHORT TERM RENTAL COMPLAINT FORM

All SHORT- TERM RENTAL concerns are required to be submitted via the complaint form. You will need to call or email the owner/management company that is listed on site for an immediate issue resolve, if there has not been a response or resolve within 30 minutes, a complaint form can be utilized. This form can be emailed to cityhall@corb.us, via postage mail or deliver to City Hall directly. In case of emergency dial 911 for non- emergency dispatch dial (503) 815-1911.

Office Use Only	
Signature:	(Type name as electronic signature).
Signatura	(Type name as electronic signature)
	es or other related information that can be used as evidence of mitted documentation will not be returned and will become
Nature of Complaint:	
() I did not contact the local agent due to:	
() I contacted the listed local agent to resolve this issue. Tir	ne contacted:a.m. / p.m.
Property Owner(s) – if known:	
Address of Violation:	Date of Occurrence:
Address:	
Name:	Phone:
Complainant/Reporting Party:	