

**CITY OF SANTA CLARITA
LOS ANGELES COUNTY SHERIFF'S DEPARTMENT**

OVERSIZE VEHICLE COMPLAINT FORM

DATE: _____

**LOCATION OF
OVERSIZED VEHICLE:**

Closest Cross Street:

OVERSIZE VEHICLE

(One Vehicle per Complaint Form)

MAKE:

TYPE:

COLOR:

LICENSE #:

COMPLAINING PARTY

NAME:

ADDRESS:

CITY:

PHONE (Home): _____ **PHONE (Work):** _____

This information above is true & correct to the best of my knowledge. I affirm that I am an affected neighbor in this manner, residing within two blocks of the oversize vehicle listed above.

SIGNATURE:

Completed complaint forms may be mailed, FAXed or hand carried to:

Santa Clarita Valley Sheriff's Station
23740 Magic Mountain Parkway, Santa Clarita CA 91321
FAX #: (661) 253-0124

For Office Use Only

Date Rec'd:		Date Tagged:	
Follow up Date:		Action Taken:	