

## LANDSCAPE CONTRACTORS BOARD

2111 Front St NE Ste 2-101 Salem, OR 97301 503-967-6291

## **ENFORCEMENT REFERRAL FORM**

e-mail to <a href="mailto:lcb.info@lcb.oregon.gov">lcb.info@lcb.oregon.gov</a> or fax 503-967-6298

The LCB is dedicated to efficient and effective enforcement of the statutes and rules that govern the Landscape Industry in the State of Oregon. Please provide the following information to the agency in order to facilitate the investigation process.

Date:	Time:		a.m./ p.m.
SITE LOCATION (address of the viola	ation):		
Name of Owner	Street	City	Zip
VIOLATOR INFORMATION (as much as	s possible, if known):		
Name: Business/Individual	Street	City	Zip
Phone Number	Vehicle License Number		
GENERAL INFORMATION: TYPE OF VIOLATION/LANDSCAPING WO	RK? (installing/seeding/sod,	/irrigation/backflow – no l	license/permit)
IS THE JOB STILL IN PROGRESS?	YES NO ISHED? (CIRCLE) 1 DAY	2 days 3 days	4 DAYS 5 DAYS
HAVE YOU TALKED TO THE OWNER OF IF YES, WHAT WAS SAID?	THE PROPERTY?	YES NO	
CAN WE CONTACT YOU BEFORE SENDII	NG INVESTIGATOR?	YES I	NO
IF YES:			
NAME *IF YOU WANT US TO CONTACT YOU ABOUT THE PROGRESS	S OF THIS REFERRAL, PROVIDE YOU	PHONE NUI R E-MAIL ADDRESS OR MAILING	
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E-MAIL MAILING ADDRESS