



COMMUNITY DEVELOPMENT DEPARTMENT  
80 Columbia Avenue ♦ Marysville, WA 98270  
(360) 363-8100 ♦ (360) 651-5099 FAX

## VIOLATION RESPONSE FORM

File No.: CE \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Owner ☐ Renter ☐

I wish to voluntarily abate the violation: ☐ yes ☐ no

Compliance will be obtained by: \_\_\_\_/\_\_\_\_/\_\_\_\_

I disagree with the violation notice: ☐ yes ☐ no

Reasons for disagreeing with violation:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EXHIBIT  
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