



City of Chandler, Maricopa County, State of Arizona
 Neighborhood Services Division

Corrective Action Plan

CAP Option must be marked Yes on warning to be eligible.

| | | | |
|-------------------------|---------------------|--|-------------------------------|
| Case Information | Date warning issued | Date originally given to have corrections made | Case Number on warning |
| | | | |

| | | | | |
|-----------------|---------|----------|---------|---------|
| Location | Address | City | State | Zipcode |
| | | Chandler | Arizona | |

| | | | | |
|-------------------------|---------|---|-------|---------|
| Requesting Party | Name | Type <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Manager <input type="checkbox"/> Employee | | |
| | Address | City | State | Zipcode |

| | | | |
|-------------------|--|--|---------------|
| Best time to call | Home Phone <input type="checkbox"/> Best to reach me | Work Phone <input type="checkbox"/> Best to reach me | Email address |
| | | | |

- I would like to request a meeting with the inspector to discuss options on resolving the problems.
(Do not complete the section below)
- I have started working on the listed violations. I have completed the correction plan below.
(Complete the section below)

| Violation (As listed on warning) | | Your plan to correct the problem (Use additional sheets if necessary. Attachments are allowed) |
|-------------------------------------|---------|---|
| Chapter | Section | Describe why you cannot meet timeline. |
| Description | | |
| | | What are you doing to correct the violation? |
| | | |
| | | Date when you can have violation completed |
| Chapter | Section | Describe why you cannot meet timeline. |
| Description | | |
| | | What are you doing to correct the violation? |
| | | |
| | | Date when you can have violation completed |
| Chapter | Section | Describe why you cannot meet timeline. |
| Description | | |
| | | What are you doing to correct the violation? |
| | | |
| | | Date when you can have violation completed |

I understand that the Compliance Action Plan does not relieve me of my responsibility to correct the problems listed on the original violation warning. I understand that failure to make the necessary corrections could result in a notice or citation being issued through the Chandler Municipal Court.

_____ Signature _____ Date