City of Chandler, Maricopa County, State of Arizona

Neighborhood Services Unit

Corrective Action Plan

CAP Option must be marked ☑ Yes on warning to be eligible. ***Inspector Name:***

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

Location	Address	City	State	Zip Code
		Chandler	Arizona	

Requesting Party	Name	Type ☐ Owner ☐ Renter ☐ Manager ☐ Employee		
	Address	City	State	Zip Code

Best time to call	Home Phone ☐ Best to reach me	Work Phone ☐ Best to reach me	Email address

☐ 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