



INTERAGENCY REFERRAL / RESPONSE FORM

DATE: _____
AGENCY REFERRED TO: _____
ADDRESS: _____

ATTENTION: _____

★★URGENT REFERRALS★★
FAXED ON: _____
CD #: _____
 1-2 FAMILY DWELLING
 Two or More units
 Commercial

On _____ an inspection was at:

Address:	Units:
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The following conditions were noted, which may be interest to your Agency:

AGENCY RESPONSE

Date Received:		By:	
Violations found and Orders issued: <input type="checkbox"/> YES <input type="checkbox"/> NO		Date Orders Issued:	
Occupant:		Phone:	
LADBS violations observed and notice issued <input type="checkbox"/> YES <input type="checkbox"/> NO		Compliance Date:	
Please reply to the inspector listed below to coordinate action taken by your Agency.			
Inspector:		Phone:	
Address:		FAX:	
Senior Inspector:		Phone:	
Expected date of compliance with order or any extension granted (?):			
Violations were corrected: <input type="checkbox"/> YES <input type="checkbox"/> NO		Date:	
Inspector:	Phone #:	FAX #:	

Comments:

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.