



Zoning Complaint Form

Date	Parcel ID (tax) Number	ALL INFORMATION IS REQUIRED	
ACCUSED INFORMATION		COMPLAINANT INFORMATION	
Name		Name	
Physical Address of Possible Violation		Address	
		State	Zip code
		Signature of Complainant	
Day Phone	Evening Phone	Day Phone	Evening Phone
Type of Violation		<input type="checkbox"/> I request anonymity regarding this complaint <input type="checkbox"/> I would like to be informed as to the outcome	
Description of Violation			
Method of Determination by Zoning Administrator			
<input type="checkbox"/> Founded <input type="checkbox"/> Unfounded			
Signed:		Date:	
Contact with Property Owner			
If Complaint is a violation, document follow up actions below			
1 st Contact			
2 ⁿ Contact			
Violation Letter			
ZBA Request			
Ticket Issued			
Conclusion			