ZONING VIOLATION COMPLAINT FORM

Complete items 1, 2, & 3 All complaints are a matter of public record and subject to the Freedom of Information Act

1 Address of Complaint: __________________________________________

2 Please print your name, address, & Tel# below or check here for Anonymous □  * See Note Below
   * The P&Z Dept. will ONLY investigate anonymous complaints when staff determines that the reporter violation may pose an immediate threat to the public health, safety or welfare of the community.

   Your Name: ______________________________ Address: ______________________________ Tel#: __________

3 Describe your Complaint in detail:

____________________________________________________________________________________
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If you are including Attachments and/or Pictures, please check this box. □

We prioritize the P&Z complaints depending on severity or safety and we anticipate inspection within 2 weeks.

For Official Use Only. Do not write below.

Inspected by: ______________________________ Date: ______________ Time: __________ Pictures □

Notes:

____________________________________________________________________________________
____________________________________________________________________________________
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Follow-Up Inspection by: ______________________________ Date: ______________ Time: __________ Pictures □

Notes:

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