



## ZONING COMPLAINT FORM

Name of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Offender: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Violation: \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

(Following for Staff Use only)

	Yes	No	Date	Description
<b>Initial Inspection</b>				
<b>Photos Taken</b>				
<b>Second Inspection</b>				
<b>1<sup>st</sup> Letter Sent</b>				
<b>2<sup>nd</sup> Letter Sent</b>				
<b>Legal Action</b>				
<b>Date Closed</b>				