**ZONING VIOLATION / NUISANCE**

**COMPLAINT FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  | Time |  | By |  |

|  |  |  |
| --- | --- | --- |
| **PROPERTY OWNER INFORMATION** | | |
| Name (s) |  | |
| Address |  | |
|  |  | |
| **SITE INFORMATION** | | |
| Tax Number | 62- | |
| Address (if different) |  | |
| **NATURE OF COMPLAINT** | | |
|  | | |
| **CALLER INFORMATION, IF KNOWN** | | |
| Caller’s Name | |  |
| Address | |  |
| Phone | |  |

|  |
| --- |
| **ADDITIONAL INFORMATION** |
|  |

Copies:  Chairman of the Board  Vice Chairman  Road Master

Office

Orig:  Zoning Officer