**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