

# Planning and Zoning Office Complaint Form

From:

To:

Name: \_\_\_\_\_

- Zoning
- Building
- Wetlands
- Health

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_

## Name and Address of Violator/Property Location

Name: \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up reports attached: \_\_\_\_\_

Date of second complaint forwarded: \_\_\_\_\_

- Zoning
- Building
- Wetlands
- Health

- Zoning
- Building
- Wetlands
- Health

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person filing complaint

Date