

## Zoning & Building Complaint Form

**Person Making Complaint****Date:** \_\_\_\_\_

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

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

Mailing Address if Different: \_\_\_\_\_

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

Complainant Signature: \_\_\_\_\_

**Location of Potential Violation**

Property Owner (If Known): \_\_\_\_\_

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

**Description of Potential Violation**

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