



COMPLAINT FORM
ZONING VIOLATION

Case No. _____ OFFICE USE
Received By _____ Date _____

I. VIOLATION

Property Address _____

General Location _____

Name of Responsible Party _____

Description of Suspected Violation *(attach additional pages and/or evidence if necessary)*

II. COMPLAINANT

Complaining parties may remain anonymous; however, please be advised that if the violation cannot be verified by County staff through reasonable investigation, the action taken by the County may be limited.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Complainant's Signature Date