Code/Zoning Enforcement Complaint Form

Date of Complaint _____

Name _____

Phone (____) _____

Complainant's Address _____

Complainant's Signature _____

(You are affirming under penalty of perjury and may be called to testify in a Court of Law)

Violation Information

Property Owner's Name _____

Phone (____) _____

Property Owner's Address _____

City _____ State _____ Zip _____

Address of violation if different from above:

Street _____ City _____ State _____ Zip _____

Description of Violation (attach additional pages if necessary):

_____

_____

_____

_____

_____

Office Use Only

Date Received _____

Nature of violation: Live Safety ( ) Property ( ) Nuisance ( ) Other ( ) Tax Map # _____

Code Enforcement Officer

Name _____

Signature _____

Date _____

Notice of Violation & Order to remedy sent _____

Appearance Ticket issued _____

Stop Work Order issued _____

Town Attorney contacted: _____

Other (see attached): _____

No violation exists: _____