

BLIGHT / ZONING COMPLAINT FORM

Date Complaint Filed _____

Time Complaint Filed _____

Location of Complaint _____

WE DO NOT TAKE ANONYMOUS COMPLAINTS

Person / Entity Filing Complaint _____

Phone _____ E-Mail _____

Date Activity Occurred _____ Time of Activity _____

Nature of Complaint: Describe, in detail, the issue at hand. Attach photos and maps to evidence issue if possible. **DO NOT TRESPASS ON PROPERTY!**

THIS SECTION IS FOR STAFF ONLY:

Date of Initial Inspection _____

Date of Follow-Up Inspection _____

Violation(s) Sec(s) _____

Resolution / Notes _____

DATE RECEIVED BY PLANNING AND ZONING: