

### Zoning Complaint Form

Complainant Info:

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Address: \_\_\_\_\_

Complaint Info:

Location of complaint: \_\_\_\_\_  
Description of complaint: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Continue on back if more space is needed.

I hereby give permission for Township Officials to enter upon my property for the sole purpose of investigating the above complaint.

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

For Zoning Office Use Only:

GC#: \_\_\_\_\_ VC#: \_\_\_\_\_

Investigation Info:

Date received by zoning official: \_\_\_\_\_ Site Inspection Date: \_\_\_\_\_  
Parcel ID#: \_\_\_\_\_ Subject Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
ZO Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow Up Info:

Type(s) of Contact:	Date Sent:	Response Date: (if any)
<input type="checkbox"/> Warning Letter - (Notice of Complaint -NOC)	_____	_____
<input type="checkbox"/> Formal Notice – (Notice of Violation-NOV)	_____	_____
<input type="checkbox"/> Second Formal Notice – (2 <sup>nd</sup> NOV Letter)	_____	_____
<input type="checkbox"/> MCI Process Notification Letter – (3 <sup>rd</sup> NOV)	_____	_____
<input type="checkbox"/> Twp. Attorney Notification & MCI ticket	_____	_____
<input type="checkbox"/> Violation Abatement Plan (VAP)	_____	_____
<input type="checkbox"/> Follow-up site inspection for resolution	_____	Resolved? YES <input type="checkbox"/> NO <input type="checkbox"/>