

ZONING COMPLAINT INVESTIGATION FORM

| DATE: | TIME: |
|-------------------------------|------------------------------------|
| PERSON FILING COMPLAINT: | |
| PRIMARY PHONE: | SECONDARY PHONE: |
| STREET ADDRESS: | |
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| PERSON/FACILITY COMPLAINT IS | AGAINST: |
| PRIMARY PHONE: | SECONDARY PHONE: |
| STREET ADDRESS: | |
| MAILING ADDRESS: | |
| DIRECTIONS (IF NEEDED) TO LOC | CATION OF COMPLAINT: |
| DESCRIPTION OF COMPLAINT (US | SE ADDITIONAL PAGES IF NECESSARY): |
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| | |
| SIGNATURE: | |



ZONING COMPLAINT INVESTIGATION FORM FOR ZONING STAFF

| STAFF ASSIGNED TO CASE: | DATE RECEIVED: |
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| INITIAL EVALUATION: | |
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| ACTIONS TAKEN & DATES (ATTACH ADDITION | NAL SHEETS IF NECESSARY): |
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| DECOLUTION. | |
| RESOLUTION: | |
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| | |
| SIGNATURE: | DATE CLOSED: |