Zoning and Wetlands Complaint Form

Date:	
Time:	
Location/Address of Complaint:	
Person/Entity Filing the Complaint (Unless Anonymous):	
Address:	
Phone:	E-Mail:
Nature of Complaint (Please descripossible but do not trespass on prop	ibe the situation as best as possible; attach photos and maps if perty):
Date Activity Occurred:	Time Activity Occurred:
Name of Alleged Violator:	Owner: Tenant:
The completed form is subject to	o the Freedom of Information Act and is therefore accessible to the public.
STAFF SECTION	
Date of Initial Inspection:	Time of Inspection:
Date of Follow-Up Inspection(s):	Time of Inspection:
Possible Violation(s):	
Resolution:	