

CLARIDON TOWNSHIP ZONING REGULATIONS
APPENDIX A: FORMS COMPLAINT OF ZONING VIOLATION

COMPLAINT OF ZONING VIOLATION
CLARIDON TOWNSHIP

This complaint is voluntarily given to the _____ Township Zoning Inspector this _____ day of _____, 20 ____.

THIS COMPLAINT SHALL BE COMPLETED BY THE COMPLAINANT

Describe below the alleged uses being made of the property, or the scope of the alleged zoning violation, giving exact date(s) and time(s) where possible.

Provide the address or location of the property for which the complaint is being filed:

I hereby state that all of the information provided in this complaint is true and correct to the best of my knowledge, information, and belief.

Complainant's Signature

Print Name: _____

Address

Date

Telephone Number

.....
FOR OFFICIAL USE ONLY

I hereby acknowledge the receipt of this complaint this _____ day of _____, 20 ____.

Signature of Township Zoning Inspector

Print Name: _____

Date