

COMPLAINT FORM

(Instructions on back of form)

SECTION 1

TYPE OF COMPLAINT: check type(s) of complaints

- | | |
|---|---|
| <input type="checkbox"/> Work w/o Permit | <input type="checkbox"/> Wetland Disturbance/Fill |
| <input type="checkbox"/> Failed Septic System | <input type="checkbox"/> Structure(s) in setbacks |
| <input type="checkbox"/> Illegal Sign(s) | <input type="checkbox"/> Working beyond scope of Permit |
| <input type="checkbox"/> Junkyard | <input type="checkbox"/> Cutting in Shoreland |
| <input type="checkbox"/> Illegal Use | <input type="checkbox"/> Illegal Dwelling |

Other (please explain): _____

(More space on back of page)

SECTION 2

Location of, or for Complaint: _____

SECTION 3

Property Owner or Alleged Violator: _____

Home Phone: _____ Cell Phone: _____ Other: _____

SECTION 4

Person Making Complaint: _____

(Name) - Do not complete if you would like to remain anonymous.

(Contact Information)

(Date)

OFFICE USE ONLY

Date of Site Inspection: _____ Date of Contact w/Alleged Violator: _____

Decision: _____

NO VIOLATION VIOLATION FOUND AND RESOLVED ENFORCEMENT REQUIRED

NUMBER OF DAYS FROM COMPLAINT RECEIVED TO DECISION: _____ DAYS

Code Enforcement Officer Signature: _____

