Whitehouse

ZONING COMPLAINT FORM

Date received:

Location of alleged violation:

Owner's name (if known):

Owner's address (if known):

Date(s) of observed violation(s):

Select violation type from the list below:

___ Accessory structure	___ Blight	___ Sign
___ Building permit	___ Home business	___ Commercial vehicle
___ Light	___ Inoperable/junk cars	___ Sight distance
___ Parking	___ Setbacks	___ Other

Describe above choice(s):

_____
_____
_____
_____

Complainant information (Note: In order to ensure a complete and timely investigation, it is highly recommended, but not required, that the following information be provided)

Name:

Address:

Phone number:

For purposeful consideration, this document must be completed in its entirety.

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