Planning, Development & Sustainability

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REQUEST FOR INVESTIGATION

Top portion of form must be filled out completely
If applicable, please provide photos or supporting documentation of the concern.

Date Submitted:_____

Name of Property Owner (if known): _____

Address of Concern: _____

City/Town/Community: _____

Zip:_____**Phone No**: _____

Business (if different from above): _____

Owner's Affiliation to Business: _____

Address (if different from above): _____

Date Concern First Observed: _____

Brief Description/Explanation of Concern: *Please add separate page if needed.*

Date Witnessed:_____ Time Witnessed:_____

Complainant Contact Information:

Name: _____

Address: _____

Phone: _____

Email: _____

For Office Use Only

Planner:_____ Violation Number:_____

Zoning District:_____

Code Section(s) Violated:_____

Is Business Currently Licensed? Yes ◯ No ◉ Business License No._____

Legal Description/Geocode: _____

Section/Township/Range: _____

Date of Site Visit:_____ Date of Follow-Up Visit:_____

***NOTES/COMMENTS:**

Compliance? ◯Yes ◯No _____ Date:_____

Referral? ◯Yes ◯No Dept: _____ Date:_____

Date Case Closed:_____ No Violation:_____