

CODE VIOLATION COMPLAINT FORM

ALLEGED VIOLATION

Property Owner: _____ Daytime Phone # _____

SITE INFORMATION

Site Address: _____

Property Location (if known): _____

NATURE OF COMPLAINT

If you wish to report a suspected violation of the Town of St. Joseph’s Zoning Ordinance, complete this complaint form and submit as much supporting evidence (i.e. photos, documents, etc.) as possible in support of the complaint.

Please be advised that under Wisconsin’s Public Records Law, Wis. Stats. 19.31, et al., the complaint and supporting evidence will be available for public review upon request. Only in an exceptional case may access be denied.

Your contact information is **OPTIONAL**

Name: _____ Email: _____

Address: _____ Phone number: _____

City/State/Zip: _____

FOR OFFICE USE ONLY

Date received by Clerk/Treasurer's office: _____

Date received by Zoning Administrator: _____

Address of Property: _____

Owner of Property: _____

Owner's Address: _____

Occupant's Name: _____

Date of Inspection: _____

Inspector's Findings:

If violation is found, describe and list Zoning Code Section Violated:

Action and Date of Action Taken:

Response of Owner or Occupant if any including date:

Date of Compliance: _____

Case Closing Date: _____

Zoning Administrator or Designee

Date