



ALLEGED ZONING VIOLATION COMPLAINT FORM

Property Owner's Name: _____

Property Owner's Address: _____

Alleged Violator's Name: _____

Alleged Violator's Address: _____

Nature of Alleged Violation: _____

Complainant's Name: _____

Daytime Phone or Email Address: _____

Complainant's Address: _____

Complainant's Signature: _____ Date: _____

Note: By signing this form, you are attesting to the validity of this complaint, and acknowledge your willingness to appear (if necessary) before the Board of Adjustment as a witness against the alleged violator of the Georgetown – Scott County Zoning Ordinance. You may choose to not sign this form if you wish to remain uninvolved. Your identity will be protected unless disclosure is ordered by a court. If the complaint is provable without your identity and testimony, this office will proceed with enforcement. If you do not sign this form, this complaint may fail for lack of proof of the accused zoning violation

Please do not write below – to be filled out by Planning Commission Staff

Date: _____

Zoning District: _____

Complaint Received By: _____

Result: _____