

PIN: _____
Date Received: _____

AU TRAIN TOWNSHIP
ZONING VIOLATION COMPLAINT FORM

Please note no action will be taken unless this form is signed and dated.

Statement by Complainant:

Date: _____
It is my belief that the property located at [address] _____
and being used by [name of perpetrator] _____
may be in violation of the Au Train Township Zoning Ordinance because: _____

Complainant: _____
Address: _____
Phone: (____) ____ - ____ Email: _____

Location Legal description of property: _____

Parcel I.D. No. ____ - ____ - ____ - ____ (if known)

Signature

Action of Zoning Administrator

A. Review of the complaint as filed indicates:
 No violation of the provisions of the zoning ordinance.
 There may be a violation of the following provisions of zoning ordinance (cite §:)
Comments: _____

B. Inspection of premises indicates:
 No violation of the provisions of the zoning ordinance.
 Violations noted of the following provisions of the zoning ordinance
Date(s) of inspection: _____

C. Action of complaint:

- No enforcement action taken as no violation was found: Complainant was notified that no violation was found.
- Action taken as follows: _____

Zoning Administrator Signature

Date