

**Atwater Township
Office of the Zoning Inspector
Complaint Form**

This statement is being voluntarily given to the Zoning Inspector with the understanding that the Zoning Inspector may investigate the allegation contained herein to determine if enforcement actions need to be taken. The person giving this statement agrees that he/she will cooperate with the Zoning Inspector and County Prosecutor if legal proceedings are initiated.

In order for this form to be reviewed please complete it in its entirety

Date _____

Name of person completing this form _____

Phone _____

Address _____

City _____ State _____ Zip _____

Signature of person completing this form _____

Statement:

On (date) _____ Located at _____

I observed the following

I believe this is in violation of Section _____ located in Atwater Township Zoning Code.

FOR USE OF THE ZONING INSPECTOR

Date of Inspection _____

Indicate if actions are the be taken _____

Zoning Inspector Signature _____