

GRANT COUNTY COMPLAINT OF VIOLATION

PART A: To be completed by complainant:

Date of Complaint: _____

Statement of complaint (problem or nuisance caused): _____

Location of complaint:

Property Owner's Name (if known): _____

Fire Number: _____ Road or Street: _____

Town of: _____ Other Location Features: _____

Check One:

I would like to remain anonymous

I would like to be updated on complaint, and am aware that this will put my name on the public record (fill out contact information)

(Required) Name: _____ Telephone: _____

Address: _____

ACTION OF ENFORCING OFFICER

PART B: To be completed by Conservation, Sanitation & Zoning personnel:

Date Reviewed: _____

I. Complaint filed indicates:

___ No violation of Grant County Ordinance(s)

___ Possible violation of Grant County Ordinance(s) {Proceed to Section II}

II. Inspection of premises indicates:

___ No violation of Grant County Ordinance(s)

___ Violation(s) of the following Ordinance(s) & Section(s) {Complete & proceed to Section III

Ordinance: _____ Section: _____

Ordinance: _____ Section: _____

Ordinance: _____ Section: _____

Inspecting Officer: _____ Date of Inspection: _____

III. Action taken on findings:

___ No action taken (no violation found)

___ Action taken as follows: _____

Enforcing Officer _____ Date of Action _____