

WHITE COUNTY AREA PLAN
COMPLAINT/VIOLATION FORM

COMPLAINANT: _____

COMPLAINANT PHONE: _____ DATE: _____

COMPLAINANT ADDRESS: _____

PROPERTY OWNER'S NAME _____

ADDRESS OF COMPLAINT: _____

COMPLAINT: _____

IF YOU HAVE PHOTOS PLEASE SUBMIT THEM WITH COMPLAINT.

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 Zoning Appeals/Area Plan Commission as well as County Court as a witness against the alleged violator of the White County Ordinance.

Signature _____

Area Plan Office Use Only

Date Complaint Received: _____ File #: _____

Filename: Violation Complaint Form
Directory: C:\Users\ericstorm\Desktop\New Folder (4)
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Keywords:
Comments:
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