



ALLEGED ZONING VIOLATION COMPLAINT FORM

(Please print)

Property Owners Name: _____
(If different than the alleged violator's name & address)

Property Owner's Address: _____

Alleged Violator's Name: _____

Alleged Violator's Address: _____

Location of Alleged Violation: _____

Nature of Alleged Violation: _____

Complainant's Name: _____ **Daytime Phone:** _____

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 Zoning Appeals and in City Court as a witness against the alleged violator of the City of Jackson Zoning Ordinance.*

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

Case Number: _____

Zoning District: _____

Date: _____

Complaint Received By: _____