

FORSYTH TOWNSHIP ZONING VIOLATION COMPLAINT FORM

PIN 52-05-

DATE OF COMPLAINT: _____ COMPLAINT MADE BY: _____

COMPLAINT / VIOLATION:

SUBJECT ADDRESS: _____

OWNER: _____

FOR OFFICE USE ONLY

ZONING ORDINANCE / PAGE #: _____

SITE CHECKED: _____

NOTICE SENT TO PROPERTY OWNER: _____

DEADLINE FOR RESPONSE: _____

RESPONSE: _____

SITE CHECKED: _____ VIOLATION CORRECTED: YES / NO

TURNUED OVER TO TWP ATTORNEY/CC TO BD: _____

TURNUED OVER TO TWP BD BY ATTORNEY: _____

BD ACTION: _____

COURT DATES: _____

COURT OUTCOME: _____

CASE CLOSED: _____