

Zoning Complaint Form

Contact Information—(Citizen observing the problem)

Note: Anonymous reports will be accepted but will be given lower priority. If you choose to submit anonymously we will not be able to follow up with you on the status of the code violation. By submitting this form, all information becomes public record.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Signature _____ Date _____

Complaint received via: Phone Office visit Mail/Email

Location of Problem _____

Street name, number, property owner or identifying landmarks, and directions. Please be very specific; draw a map on reverse if necessary.

Type of Problem Observed. Check appropriate box then describe in detail.

Signage Vehicular Trash Abandoned Mobile Home Other

Can Problem Be Seen From Road? Yes No

Date Problem Was Observed _____

Any Photographs Attached? Yes No

Note: Photographs submitted will not be returned.

For Office Use Only

Parcel # _____ Pin # _____

Zoning _____ County Mocksville Received by _____

Site Visit _____ Results _____

Site Visit _____ Results _____

Site Visit _____ Results _____

Notes:

