

OFFICE OF
APPANOOSE COUNTY ZONING

1200 Hwy 2 West
CENTERVILLE IA 52544

(P) 515/856-6193

(F) 515/437-4665

COMPLAINT

1. Nature of Zoning Violation to which the attention of the Zoning Administrator is requested:

2. Location of premises on which the violation exists:

3. Name and address of owner of premises on which the violation exists:

4. Name and address of person in control or possession of premises:

5. Period, including date of latest observation, that the violation was seen by complainant:

6. Name and address of person believed responsible for the zoning violation:

I have personal knowledge of the condition of which Complaint is made and will cooperate with the Appanoose County Zoning Administrator to the extent of giving evidence if requested to remedy the zoning violation. The above statements are true to the best of my information and belief.

DATED this _____ day of _____, 20____.

Complainant

Address

Telephone Number