

**FOR OFFICIAL USE ONLY**

**TOWN OF KINSEY**

**ZONING AND ORDINANCE COMPLAINT FORM**

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DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS OF COMPLAINT: \_\_\_\_\_

DESCRIPTION OF COMPLAINT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

(CLERK, OFFICER, BOARD MEMBER, MAYOR, ETC)

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**FOR ENFORCEMENT OFFICER ONLY**

DATE RECEIVED: \_\_\_\_\_

DATE CHECKED: \_\_\_\_\_

REMARKS: \_\_\_\_\_

OFFICER'S NAME & SIGNATURE: \_\_\_\_\_

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**ZONING BOARD MEMBERS ONLY**

DATE RECEIVED: \_\_\_\_\_

DATE CHECKED: \_\_\_\_\_

ORDINANCE NAME AND NO: \_\_\_\_\_

IN COMPLIANCE YES \_\_\_\_\_ NO \_\_\_\_\_

1<sup>ST</sup> ACTION TAKEN/DATE: \_\_\_\_\_ INT \_\_\_\_\_

2<sup>ND</sup> ACTION TAKEN/DATE: \_\_\_\_\_ INT \_\_\_\_\_

SUMMONS/DATE: \_\_\_\_\_

MEMBER'S NAME & SIGNATURE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_