

TOWNSHIP OF LIBERTY ZONING DEPARTMENT
Complaint Resolution Form

Note: To be used exclusively for zoning violations.

COMPLAINT

Complainant: _____

Address: _____

Telephone #: _____

Complainant Signature: _____

PROBLEM SITE

Property Owner: _____

Street Location: _____

Block _____ Lot _____ Zone _____

Owner's Phone#: _____

NATURE OF COMPLAINT: _____

For township use only

Received by: _____

Date

Time

INSPECTION RECORD: _____

VIOLATION STATUS: _____

_____ ABATED

_____ COURT ACTION

_____ DISMISSED

_____ OTHER: _____

Completed By: _____

Date: _____