

CARROLL COUNTY AREA PLAN
COMPLAINT/VIOLATION FORM

COMPLAINANT: _____

COMPLAINANT PHONE: _____ DATE: _____

COMPLAINANT ADDRESS: _____

PROPERTY OWNER'S NAME _____

ADDRESS OF COMPLAINT: _____

COMPLAINT: _____

IF YOU HAVE PHOTOS PLEASE SUBMIT THEM WITH COMPLAINT.

NOTE: By signing this form, you are attesting to the validity of this complaint, and acknowledge your willingness to appear (if necessary), before the Board of Zoning Appeals/Area Plan Commission as well as County Court as a witness against the alleged violator of the Carroll County Ordinance.

Signature _____

Area Plan Office Use Only

Date Complaint Received: _____ File #: _____