

AREA PLAN COMMISSION  
1010 FRANKLIN AVE.  
BROOKVILLE, IN 47012

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

COMPLAINT AND/OR VIOLATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

LOCATION/ROAD: \_\_\_\_\_

PROPERTY NUMBER: 24-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ . \_\_\_\_ - \_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

LETTER SENT: \_\_\_\_\_ PHOTOS TAKEN: \_\_\_\_\_

DATE VIOLATION TO BE CORRECTED: \_\_\_\_\_

VIOLATION CORRECTED: \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

DATE GIVEN TO PLANNING COMMISSION ATTORNEY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**COMPLAINT MUST BE SIGNED BY COMPLIANANT TO MAKE THIS FORM ACTIVE. THIS IS TO MAKE YOU AWARE OF POSSIBLY BEING CALLED TO TESTIFY IF A COURT PROCEEDING IS NECESSARY.**