

FRANKLIN COUNTY COMPLAINT FORM

Date complaint made: _____

Your name (print): _____

Your name (sign): _____

Your address: _____

Phone Number: _____

Alleged Complaint: _____

Name of violator: _____

Mailing address: _____

City _____ State _____ Zip _____

Township _____ Section _____ Township _____ Range _____

Parcel # _____ Acres _____

Location of alleged violation _____

OFFICE USE ONLY

Zoning Designation: _____

Date Photos were taken: _____ Date letter was mailed: _____

Date violation to be corrected: _____ Date violation was corrected _____

Date given to Commission Attorney: _____

Comments: _____

NOTE: COMPLAINT MUST BE SIGNED TO MAKE THIS FORM ACTIVE, ALONG WITH YOUR ADDRESS AND PHONE NUMBER. THIS IS TO MAKE YOU AWARE OF THE POSSIBILITY OF BEING CALLED TO TESTIFY IF A COURT PROCEEDING IS NECESSARY. UPDATED: 1/3/2022