

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: _____

Comments: _____

Unkept properties forwarded onto County Commissioners on _____, 2022