CITY OF WINFIELD
ZONING VIOLATION COMPLAINT

Date of Complaint: _________________________

Complaint received by: _________________________

Form of Complaint: _____Citizen _____ Public Official _____ Inspector

Name of Person Filing Complaint: _________________________

Telephone No.: _________________________

Nature of Complaint: ____________________________________________

____________________________________________________________________

Location: _________________________

Probable violation of Section __________, of the Zoning Ordinance of Winfield, described as follows: ____________________________________________

____________________________________________________________________

Referred for inspection to: _________________________

Date of Inspection: _________________________

Inspection findings: ____________________________________________

_____ Violation found _____ No violation found _____ Other

Initial action following discovery of violation: ____________________________________________

_____ Notice of Zoning Violation sent on: _________________________

_____ Other

Follow-up inspection due on: _________________________

Notes: ____________________________________________