

**TOWN OF BOZRAH  
ZONING COMPLAINT FORM**

Date Submitted \_\_\_\_\_ Received by \_\_\_\_\_  
Address of alleged violation \_\_\_\_\_

**PLEASE FILL IN ALL INFORMATION REQUESTED BELOW.**

**Complainants Information:**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Location/Property of Complaint: (actual address) \_\_\_\_\_

Owner of above property (if known): \_\_\_\_\_

Owner's phone number (if known): \_\_\_\_\_

**Complaint** – explain in detail, provide additional sheets if needed. If you have photographs attach them or forward them to the Zoning Enforcement Officer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNED** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office use only**

Date Received by ZEO: \_\_\_\_\_ Initials: \_\_\_\_\_ Photo/video received (date): \_\_\_\_\_  
Inspection performed by ZEO (date/initial): \_\_\_\_\_