

**ZONING COMPLAINT FORM**

TOWN OF PITKIN, COLORADO

COMPLAINANT NAME \_\_\_\_\_

DATE & TIME \_\_\_\_\_

SUBJECT OF COMPLAINT    \_\_\_\_\_ SUSPECTED ZONING VIOLATION

\_\_\_\_\_ ALLEGED VIOLATION OF CONDUCT – ZONING OFFICIAL

LOCATION OR NATURE OF ALLEGED VIOLATION \_\_\_\_\_

\_\_\_\_\_

APPLICABLE SECTION OF ZONING CODE \_\_\_\_\_

WITNESSES/EVIDENCE \_\_\_\_\_

\_\_\_\_\_

Upon receipt, the Town Clerk will forward your complaint to the members of the Zoning Board of Adjustment. The Zoning Board of Adjustment will then determine if a violation has occurred and take the appropriate steps.

I \_\_\_\_\_ verify that the above information is true and correct to the best of my knowledge.

Signature of Complainant \_\_\_\_\_

Signature of Primary Witness \_\_\_\_\_

**This form must be completed in its entirety and then submitted** If you wish to file an anonymous complaint you may do so by submitting the above information to [thetownofpitkin@gmail.com](mailto:thetownofpitkin@gmail.com) or P.O. Box 9, Pitkin CO 81241. Please be aware that due to the nature of anonymous complaints, it may be difficult

~~for the Zoning Board to respond in a meaningful and effective way. The Zoning Board may choose not to respond to anonymous complaints.~~

Received by \_\_\_\_\_ Date \_\_\_\_\_