

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 _____

If you wish to file an anonymous complaint you may do so by submitting the above information to 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 _____