

**WHITE COUNTY BUILDING DEPARTMENT
COMPLAINT/VIOLATION FORM**

COMPLAINANT: _____

COMPLAINANT PHONE: _____ **DATE:** _____

COMPLAINANT ADDRESS: _____

PROPERTY OWNER'S NAME: _____

PROPERTY ADDRESS: _____

PARCEL ID# _____

COMPLAINT: _____

ACTION TAKEN: _____

NOTE: By signing this form, you are attesting to the validity of this complaint, and acknowledge your willingness to appear (if necessary), before the Board of Zoning Appeals/Area Plan Commission as well as County Court as a witness against the alleged violator of the White County Ordinance.____

Signature _____

Area Plan Office Use Only

Date Complaint Received: _____ File #: _____