
Zoning Complaint Form

Complaint Location of Parcel

Property Owner: _____

911 Address: _____

Other location information: _____

Alleged Zoning Violation

Please describe in detail the condition or use of property/structure which may not be in compliance with the Town's Zoning Bylaws:

Date of alleged zoning violation: _____

Complainant Information

Complainant _____ Daytime Phone _____

Address _____

Signature of Complainant: _____

Please mail or email signed copy to Town of New Haven