



# City of Carlinville Zoning Complaint Form

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Date: \_\_\_\_\_

Complainant's name: \_\_\_\_\_

Address of complainant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Nature of complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE

Owner notified of complaint and violation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective measures to be taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date by which the violation must be corrected: \_\_\_\_\_

Zoning Inspector/Administrator \_\_\_\_\_