

ADAMS COUNTY COMPLAINT OF VIOLATION

PART A: To be completed by complainant:

Date of Complaint: _____

Statement of complaint (problem or nuisance caused): _____

Location of complaint:

Property Owner's Name (if known): _____

Fire No.: _____ Road or Street: _____

Town of: _____ Other Location Features: _____

Complainant: _____ Address: _____

Telephone: _____

ACTION OF ENFORCING OFFICER

PART B: To be completed by Planning & Zoning Department personnel:

Date Reviewed: _____

I. Complaint filed indicates:

_____ No violation of Adams County Ordinance(s)
_____ Possible violation of Adams County Ordinance(s) {Proceed to Section II.}

II. Inspection of premises indicates:

_____ No violation of Adams County Ordinances
_____ Violation(s) of the following Ordinance(s) & Section(s) {Complete & proceed to Section III.}:
Ordinance: _____ Section: _____
Ordinance: _____ Section: _____
Ordinance: _____ Section: _____

Inspecting Officer: _____ Date of Inspection: _____

III. Action taken on findings:

_____ No action taken (no violation found)
_____ Action taken as follows: _____

Enforcing Officer: _____ Date of Action: _____