



Zoning Ordinance – Violation Complaint Form

Today’s Date: _____ Date(s) Violation Observed: _____

NON-COMPLIANT PROPERTY ADDRESS INFORMATION(Provide all known information)

Owner/Occupant Name _____

Owner/Occupant Home Address: _____ Phone: _____

Property Address: _____

COMPLAINT FILED BY

Name: _____

Address: _____ Phone: _____

Email: _____

TYPE OF OCCUPANCY (circle)

Residential

Commercial

Agricultural

Industrial

Rural Recreational

PROBLEM DESCRIPTION (specific and detailed)

I certify that I am a resident of Mountrail County and all the information provided herein is true and that by signing this form, all the information contained in this document, including your name, becomes part of the public record that Mountrail County, may be compelled by legal means to release at the time of court proceedings.

Citizen’s Signature: _____ Date: _____

OFFICE USE ONLY

Investigation Complete: _____

Citizen Informed of Result: _____

Ordinance of Violation Section: _____ County Official Initials: _____ Date: _____