



Planning and Development Department

Planning * Solid Waste * Zoning * Sanitation

DATE OF COMPLAINT: _____

COMPLAINANT NAME PRINTED: _____

PHONE: _____

COMPLAINANT ADDRESS: _____

SIGNATURE OF COMPLAINANT: _____

ALLEGED VIOLATOR INFORMATION

PROPERTY OWNER: _____

DATE OF VIOLATION: _____

PROPERTY ADDRESS OR DESCRIPTION OF WHERE VIOLATION IS OCCURING:

TOWN: _____

DESCRIBE COMPLAINT:

Per 1/06/2016 Planning, Development & Zoning Committee action, all zoning and/or sanitary complaints must be submitted to the Shawano County Planning & Development Department in written form. This form requires a legible signature and all submitted information is subject to open records law. Form must be filled out in its entirety to be considered complete. Incomplete forms will not be accepted and no action will be taken by the Department. Complainant Initials_____

Forms are to be submitted to: Zoning Department, Courthouse, 311 N. Main Street, Shawano, WI 54166

TO BE USED BY DEPARTMENT STAFF ONLY:

PARCEL ID #: _____

ASSIGNED DEPARTMENT STAFF: _____

INSPECTION/DETERMINATION: _____

INITIALS: _____

DATE: _____