

Complaint Form  
Office of Zoning/Building Inspector  
Rising Sun, Indiana

Name Of Complainant \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Owner of Property \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Date That Complaint Was Filed \_\_\_\_\_

Nature of Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Date That Complaint Was Investigated \_\_\_\_\_

Section of Zoning/Building Code That Was Violated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date That Violation Notice Was Mailed to Property Owner \_\_\_\_\_

Response of Property Owner \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date That Case Was Referred to Attorney \_\_\_\_\_

Final Disposition of Case (Date and Particulars): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date That Complainant Was Notified of Action Taken \_\_\_\_\_

By \_\_\_\_\_

Agent