

Signature of Complainant

# CITY OF NEW LONDON

#### PLANNING • ZONING • WETLANDS DIVISION

181 State Street New London, CT 06320•Phone (860) 437-6379

#### **ZONING COMPLAINT FORM**

		Date of Complaint:			
	nt vision Staff	partment (		_)	
LOCATION OF CO	MPLAINT		PROPERT	Y OWNER (IF KNOWN)	
NATURE OF COM ZONING VIOLATIO		Attach Additional	PAGES, PHOTOS OR (	OTHER EVIDENCE OF THE ALLEGED	
_					
		THE FOLLOWING INI	FORMATION IS OPTIO	NAL:	
NAME OF COMPI	AINANT	Рно	NE NUMBER AND/OR	Address	
Have you atte	mpted to conta	ct property owner	about the complair	nt?	
	YES		NO		
property ow	ner. Some vio	lations may not be	visible from the p ther or not an insp	t permission from the ***** ublic right-of-way (street). pector may traverse your s).	
	YES		NO		
	•	ing and is subject to dis		the City of New London Office of e Freedom of Information Act, eq.	

Date

## ZONING COMPLAINT FORM PAGE 2 OF 2

### This Section Is For Staff Use Only

<u> </u>	Date of Verification Inspection: Complaint Referred To:	
	Date File Closed:	
NOTE	<u>s</u>	