ZONING VIOLATIONS COMPLAINT FORM
Please print or type all information

1. Address of zoning violation(s): ____________________________________________

2. Owner’s name(s) (if known): ___________________________________________

3. Exact nature of the zoning violation(s): __________________________________

4. Where on the property is the violation located? (Front, side, back yard etc.): ________________

5. Can the violation be seen from the road? [ ] Yes [ ] No

6. Can the violation be seen from your property? [ ] Yes [ ] No

7. If the violation can’t be seen from the road, but can be seen from your property, would you allow the zoning inspector to enter your property for an inspection of the violation and/or to take pictures? [ ] Yes [ ] No

8. (Must complete if you answered “yes” to #7)
   Your Name: ____________________________ Your Phone #: ____________________________
   Your address: ___________________________________________________________________

9. Would you be willing to testify about this zoning violation in court, if necessary? [ ] Yes [ ] No
   (The Prosecutor has stated that testimony from witnesses strengthens a zoning case.)

10. If you answered “yes” to question # 7 please sign here __________________________________

Please answer the questions on this form as completely and accurately as possible. Return the completed form to the German Township Zoning Office at the address above.

Thank you for your help in preserving the beauty of German Township!

Revised 12/2020