

Wellington Township, OH 44090

Zoning Complaint Form

Location of Alleged Violation			
Property Owner's Name:			
	Description of Alleged Violation		
(Explain)			
Complainant Information			
Name:			
Address:			
Phone:	Email:		
Signature of Con	mplainant	Date	

After completing this page of the form, you may print and mail <u>or</u> email it to the following address:

Mail: Wellington Township Zoning

P.O. Box 425

Wellington, OH 44090

Email: wellingtontwpzoning@yahoo.com

Zoning Office Use Only

Date Received:	Complaint #	
Additional Property Information		
Parcel Number(s):	Zoning District:	
Initial Zoning Violati	ion Evaluation	
Zoning Article Citation:	Violation:	
(Explain):	Y N	
Investigation C	Checklist	
Property Owner Contacted: Date:	Written: Telephone: In Person:	
Property Inspection Performed: Measurements Taken	Photos Taken Date:	
(Explain):		
— Others Consulted: Name:	Date:	
Name:	Date:	
Property Owner Response Rec'd: Date:	_ Written: Telephone: In Person	
Final Resolution:		
Referred to:	Date:	
Complainant Notified: Date:	Written: In Person:	
Zoning Inspector	Date	