

**GILA COUNTY
COMMUNITY DEVELOPMENT DIVISION**

Zoning Violation Complaint Investigation Form

Property Address: _____

Specific Complaint: _____

COMPLAINT FILED BY: Counter Phone Mail Field

Name: _____

Address: _____

Staff Extension: _____

Phone: _____

Name: _____

Dept: _____

Complaint Received By: _____

Date: _____

FOR OFFICE USE ONLY

FILE NO: _____ PARCEL NO: _____

VIOLATION OF ARTICLE(S): _____ SECTION(S): _____ ZONE: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OCCUPANT/RESIDENT: _____

LEGAL DESCRIPTION: _____

DISPOSITION OF COMPLAINT: _____

INSPECTOR: _____

COPY OF COMPLAINT REFERRED TO: _____