

Thorn Township Zoning Complaint Form

1. Address of supposed violation(s)

2. Name of Land Owner

3. Address of Owner

4. Phone number of Land Owner, his/her Agent or Contact person

5. Please give the Article _____ And Section _____, you believe that the Land Owner or his Agent has violated.

6. Give a brief, but accurate, description of what you consider a violation or a non-violation of the Thorn Township Zoning Resolution.

Printed Name _____

Signature _____

(All Complaints Must Be Signed)

This _____ Day of the month _____ In the year 200____.

Remit to: Thorn Township Zoning Inspector
 P.O. 460
 Thornville Ohio 43076

