

SAUK COUNTY CONSERVATION, PLANNING & ZONING

INSPECTION REQUEST/COMPLAINT FORM

Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Type of Complaint <input type="checkbox"/> in person <input type="checkbox"/> telephone <input type="checkbox"/> in writing <input type="checkbox"/> other
Staff receiving Complaint:		

COMPLAINANT INFORMATION	ALLEGED VIOLATOR INFORMATION
Name(s)	Name(s)
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Telephone Number	Telephone Number
Will provide testimony if needed? <input type="checkbox"/> yes <input type="checkbox"/> no Comments: _____	
Permission to enter complainant's property if needed? <input type="checkbox"/> yes <input type="checkbox"/> no Comments: _____	

LOCATION OF ALLEGED VIOLATION		
Tax Parcel No.	Location: ¼ ¼ S _____ T _____ N R _____ E	
Site Address	Subdivision/CSM	Lot
<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	Township / Zoning District /	

COMPLAINT DETAILS/INSPECTION NOTES
Ordinance section of violation:

ACTION TAKEN	
<input type="checkbox"/> Filed, no action taken <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Answered by letter _____ <input type="checkbox"/> Resolved by telephone (Action taken: _____) <input type="checkbox"/> Journal Entry made on/by: _____	<input type="checkbox"/> Investigated on: _____ Staff: _____ Comments: _____ _____

[illegible]

INSPECTION SKETCH: