SAUK COUNTY CONSERVATION, PLANNING & ZONING
INSPECTION REQUEST/COMPLAINT FORM

Date	Time	Type of Complaint
	❒am ❒pm	❒ in person ❒telephone ❒ in writing ❒ 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? ❒ yes ❒ no Comments:_____

Permission to enter complainant's property if needed? ❒ yes ❒ no Comments:_____

LOCATION OF ALLEGED VIOLATION

Tax Parcel No.	Location: ¼ ¼ S _____ T_____N R_____E	
Site Address	Subdivision/CSM	**Lot**
❒City ❒ Town ❒ Village	Township / Zoning District /	

COMPLAINT DETAILS/INSPECTION NOTES

Ordinance section of violation:

ACTION TAKEN

❒ **Filed, no action taken** ❒ **Referred to:** _____

❒ **Answered by letter** _____

❒ **Resolved by telephone (Action taken:** _____**)**

❒ **Journal Entry made on/by:** _____

❒ Investigated on: _____

Staff: _____

Comments:_____

_____

ADDITIONAL NOTES/INSPECTION/INVESTIGATION NOTES

INSPECTION SKETCH: