

Zoning Complaint Form

Troy Township

(Please Print)

Please complete this form as fully and completely as you possibly can so that the Zoning Inspector can quickly and adequately investigate a potential violation. Your name and any information given by you on this form will become a matter of public record. Upon completion please sign and mail to:

Zoning Inspector
PO Box 56
923 US 224 Rear
Nova, OH 44859

Date: _____

Date Received: _____

Name: _____

Address: _____

Phone Number: _____

Complaint Location: (Note that one of the following must be provided to process this complaint)

Tax Parcel Identification number and/or assigned rural address: _____

Property Owner (if known): _____

Is Lot Vacant? _____

Please describe in your own words the condition or conditions that you believe are a violation. Tell WHAT the condition is, WHERE on the property it is located, HOW LONG the condition has existed, and if the condition dangerous? _____

Signature: _____