

Town of Troy
N8870Briggs St, East Troy, WI 53120
Office:262-642-5292/ fax: 262-642-5227/ email:clerktreas@townoftroy.com

COMPLAINT FORM

DATE: _____

NAME, ADDRESS AND PHONE NUMBER OF COMPLAINANT:

DO YOU WISH YOUR IDENTITY TO REMAIN CONFIDENTIAL: (WISC STATUTE 19.36(8))
(yes) (no) _____

LOCATION OF ALLEGED VIOLATION? (Be specific as possible, including address and/or tax key #)

Town _____ Section _____ Tax Key # _____

Address: _____

PROPERTY OWNER'S NAME: _____

DESCRIBE ACTIVITY OBSERVED IN DETAIL: _____

DO YOU HAVE ANY EVIDENCE OF ALLEGED VIOLATION? (photos, receipts, etc.)

COMPLAINANT SIGNATURE (optional): _____

DATE RECEIVED: _____

REFERRED TO:

- ⌚ TOWN BOARD _____
- ⌚ ZONING _____
- ⌚ LAND CONSERVATION _____
- ⌚ SANITATION _____
- ⌚ WDNR _____
- ⌚ Copy to LURM Director and Deputy Director

INITIATED BY: _____

◆ FAX ◆ PHONE CALL ◆ LETTER (attached) ◆ OFFICE VISIT