TOWN OF BROOKLYN

ZONING/WETLANDS COMPLAINT FORM

Date of Complaint:		
Wetlands: Zo	oning:	
Complaint:		
Complainant:	Phone #	Anonymous:
Received By:		
Phone:Letter:	Appeared:	
Location/Address of Complaint:		
Property Owner:		
Site Inspection Date:	Inspector:_	
Site Inspection Report:		
Violation: Yes No		
Action Taken: None Required: Reason:		
Verbal Notice:Warning I		ist Order:
Appeared before: PZC Dar		
Additional Actions:		
Date Complaint Resolved:		
Resolution:		
Land Use Administrator:		