

DATE _____

Town of La Pointe Zoning

PO Box 270

La Pointe, WI 54850

(715)747-2707

TOWN OF La POINTE ZONING COMPLAINT FORM

ENTIRE FORM MUST BE COMPLETED WITH ORIGINAL SIGNATURE AND DATED BY COMPLAINANT(S).

Any person who reasonably believes that a person or entity owning, using, or occupying real property in the Town is, by act or omission, violating a land use or conditional use permit, may file a written complaint with the Zoning Administrator (Section 15).

COMPLAINANT INFORMATION

NAME: _____

LOCAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER _____

PROPERTY OWNER INFORMATION

PROPERTY OWNER(S): _____

PROPERTY ADDRESS: _____
Fire #, Street Name,

PARCEL ID#: **014** — _____ — _____ (if known)

DETAILED STATEMENT ON THE GROUNDS AND BASIS FOR COMPLAINT:

(ANY ATTACHMENT MUST BE SIGNED AND DATED BY COMPLAINANT)

COMPLAINANT(S): _____ DATE ____/____/____

_____ DATE ____/____/____

*****OFFICIAL USE ONLY*****

DATE RECEIVED BY ZONING ADMINISTRATOR: _____

CASE DISMISSED FOR LACK OF SUFFICIENT CAUSE TO PROCEED: YES NO

MATTER DIVERTED TO ANOTHER AGENCY: YES NO AGENCY _____

VIOLATION(S) PURSUED: YES NO (See attached explanation)

DATE CASE CLOSED: ____/____/____ ZA SIGNATURE: _____