



**TOWN OF CANTON
LAND USE OFFICE
4 Market Street, Canton, Connecticut 06019**

ZONING/WETLANDS COMPLAINT FORM

Date Complaint Is Filed: _____ Time Complaint Is Filed: _____
Location Of Complaint: _____

Is The Complaint Anonymous? _____ (If The Complaint Is Anonymous, No Follow-Up Communication Will Ensur.)

Person or Entity Filing The Complaint (Unless Anonymous): _____

Phone: _____ E-Mail: _____

Person Filling Out Form: _____

Phone: _____ E-Mail: _____

Date Activity Occurred: _____ Time Activity Occurred: _____

Nature of Complaint. Please Describe The Condition In Detail. Attach Photographs And Maps If Possible But Do Not Trespass On The Property: _____

Name Of Alleged Violator: _____

Owner: ___ Tenant: ___ Phone: _____

Mailing Address: _____

(To Be Filled Out By Staff Below this Line)

Date Of Initial Inspection: _____

Date of Follow-Up Inspection(S): _____

Possible Violation of Section(S): _____

Resolution: _____
