



PLANNING & ZONING DEPARTMENT ZONING COMPLAINT FORM

7 Fan Hill Road, Monroe, CT 06468
(203) 452-2812

Property Address of Alleged Violation: _____

Property Owner (if known) _____

Description of Alleged Violation: _____
If including Attachments and/or Pictures, check here

The Complaint is a public file subject to disclosure under the Connecticut Freedom of Information Act

Complainant Name: _____ Email: _____

Complainant Address: _____ Phone: _____

Complainant Signature: _____ Date: _____

The Town of Monroe shall not respond to incomplete or anonymous complaints EXCEPT such complaints which, in the sole discretion of the ZEO, allege violations which pose an immediate danger to the health, safety or general welfare of the community.

OFFICE USE:

Date of Investigation: _____ Follow-up Investigations: _____

Assessor Tax Map # _____ Lot # _____ Zone: _____

Inspection Findings: Action Taken No Violation Found Undetermined Based on Available Information

Referrals: Inland Wetlands Health Dept Building Dept Public Works Police Fire First Selectman