

Zoning Investigation Request Form

Date _____

Name of Complainant _____ Phone Number _____

Address of Complainant _____

Nature of Complaint _____

Name of Owner at Complaint Site _____

Address at Complaint Site _____

Detailed Directions to Complaint Site _____

Complaint Statement (provide as much detail as possible) _____

Please use back of the form to provide additional detail. Failure to provide adequate information on this form may result in a delay in investigation of complaint or an inability to investigate the complaint. A copy of this form will be provided to the Fulton County Zoning Committee as well as the Fulton County State's Attorneys Office. The complainant may be contacted by the Committee or State's Attorney for the purpose of gathering additional information related to the complaint. The complainant also affirms by signature that the information provide is true and accurate to the best of his/her ability.

Date _____ Signature _____