

Town of



**Violation Report Form**

Address of Reported Violation \_\_\_\_\_

Further location information: \_\_\_\_\_

Address or location must be specific for this reported violation to be addressed. Reports to the Town Health Officer should not be made using this form, please ask for the correct form. Be aware that complaints, including complainant identification, are public records and thus can be obtained by any member of the public. You may make this complaint anonymously. If you would like to be notified of any resolution of this matter, add your contact information:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Type of Violation:

Zoning - Unpermitted Use/Build       Zoning - Conditions of Permit       Zoning - Sign Violation

Other Complaint (describe) \_\_\_\_\_

Section(s) of The Wilmington Zoning Ordinance which you believe has been violated: \_\_\_\_\_

\_\_\_\_\_

(optional) Please contact me with results of this investigation, \_\_\_\_\_  
Complainant Signature/Date

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For Office Use:

Date \_\_\_\_\_ Request Number \_\_\_\_\_ Parcel Lot ID# \_\_\_\_\_

Observations \_\_\_\_\_

\_\_\_\_\_

Enforcement Action or Resolution \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Signature/Date