



CITIZEN COMPLAINT FORM TOWN OF GRAY MAINE

Alleged violation of Zoning Ordinance, Code, or State Statutes

For Office Use Only

Date Received: _____

Received by: _____

CONTACT INFORMATION/COMPLAINANT

| | | | |
|--------------|--|----------------|--|
| Name | | E-Mail Address | |
| Phone Number | | Work Phone | |

COMPLAINT

| | | | |
|---------------------------|--|------------------|--------------------|
| Name of Alleged Violator | | | |
| Property Location/Address | | Property Map/Lot | _____-_____-_____- |
| Description of Complaint | | | |
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I hereby affirm that the information provided above is true to the best of my knowledge

| | |
|-----------------------|------|
| Complainant Signature | Date |
|-----------------------|------|

FOR CODE ENFORCEMENT OFFICE USE ONLY

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|--|--|
| CEO Remarks, Inspection Notes, Actions Taken | |
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|---------------|------|
| CEO Signature | Date |
|---------------|------|