

DATE RECEIVED: _____	***OFFICE USE*** REFERRED TO: <input type="checkbox"/> ZONING _____ <input type="checkbox"/> LAND CONSERVATION _____ <input type="checkbox"/> SANITATION _____ <input type="checkbox"/> WDNR _____ <input type="checkbox"/> Copy to LURM Director and Deputy Director
INITIATED BY: <input type="checkbox"/> FAX	<input type="checkbox"/> PHONE CALL <input type="checkbox"/> LETTER (attached) <input type="checkbox"/> OFFICE VISIT

**LAND USE AND RESOURCE MANAGEMENT DEPARTMENT
COMPLAINT FORM**

DATE: _____

NAME, ADDRESS AND PHONE NUMBER OF COMPLAINANT:

DO YOU WISH YOUR IDENTITY TO REMAIN CONFIDENTIAL: (WISC STATUTE 19.36(8))

LOCATION OF ALLEGED VIOLATION? (Be specific as possible, including address and/or tax key #)
Town _____ Section _____ Tax Key # _____
Address: _____

PROPERTY OWNER'S NAME: _____

DESCRIBE ACTIVITY OBSERVED IN DETAIL: _____

DO YOU HAVE ANY EVIDENCE OF ALLEGED VIOLATION? (photos, receipts, etc.)

COMPLAINANT SIGNATURE (optional): _____