

TOWN OF HARWINTON

Harwinton, CT 06791

Tel: (860) 485-2784 ~ Fax: (860) 485-0051

Zoning Enforcement Officer

REGULATIONS COMPLAINTS

_____ Inland Wetlands _____ Zoning

Date: _____ Time: _____ How Received: _____

Person(s) Making Complaint: _____

Address of Complainant(s): _____

Name of Person(s) who are subject(s) of Complaint:

Address of property where violation is to be found:

State location ON property where violation of Regulation(s) is occurring and state effect of violation on you and/or your property. State relationship of your property to that of the property in violation: _____

State any other pertinent information concerning this violation: _____

Signature of Complainant(s)