

Town of Monroe
Building Department
Violation Complaint Form

Please **Print or Type** All Information

| | | |
|--------------------------|---------------|-----------------------|
| Your Name _____ | | |
| Your Address _____ | | |
| Telephone # (home) _____ | (work) _____ | |
| Tax Map # | Section _____ | Block _____ Lot _____ |

| | | |
|-------------------|---------------|-----------------------|
| Complaint Against | | |
| Name _____ | | |
| Address _____ | | |
| Tax Map # | Section _____ | Block _____ Lot _____ |

Explain Alleged Violations

Dated _____ Signature _____

Note: If a violation exists you will be sent a copy of that violation, this may take several weeks depending on workload, vacation time, etc.

Failure to complete this form will result in no action. Telephone complaints and any anonymous complaints will not be accepted. Under the Freedom of Information Act the person(s) you complained about will be sent a copy of your written complaint.