



TOWN OF VERNON

WAUKESHA COUNTY

W249S8910 Center Drive • Big Bend, WI 53103

Phone: (262) 662-2039 • Fax (262) 662-3510

ZONING COMPLAINT FORM

Today's Date: _____

Time: _____ am / pm

1. Information on the individual(s) or residence about which you have a complaint:

(Please print clearly the name and address and a brief description pertaining to the issue)

(use back of this sheet if necessary for more details)

2. Have you already directly contacted the individual(s) regarding your complaint?

Yes No

If yes, include the name of the persons contacted and the dates you contacted them; attach copies of all documentations relating to this correspondence.

3. Have you contacted the Waukesha County Sheriff Department regarding your complaint?

Yes No

Signature of party making complaint: _____

(No investigation will be performed unless signature is present)

Address: _____

Phone: _____

***** Office Use Only *****

DATE RECEIVED: _____

Date Inspected: _____ Time: _____ am/pm

Inspector Comments: _____

Follow-up:

Yes Not Necessary Insufficient Information DPW Matter Police Matter

Compliance obtained: _____

Signed by the Town: _____