

# MILLARD COUNTY ZONING COMPLAINT FORM

Date of Complaint:

Case #

## COMPLAINANT INFORMATION

Name	Phone
Address	Other Phone
	Fax
City, State, Zip	e-mail

*(If you wish to remain anonymous, do not complete the above information)*

## PROPERTY OWNER (IF KNOWN)

Name	Phone
Address	Other Phone
	Fax
City, State, Zip	e-mail

## DESCRIPTION OF CONDITIONS IN VIOLATION OF ZONING ORDINANCE


## PROPERTY and VICINITY DESCRIPTION

Parcel Number	Property Size (in acres)	Zoning District		
Acct Number	Number Parcels	Section	Township	Range
Street Address of Property or General Location				

## OTHERS AGRIEVED OR AFFECTED BY SAME VIOLATION


**SIGNATURE**

*(If you wish to remain anonymous, do not sign)*