THIS FORM MUST BE FILED IN PERSON OR NOTARIZED.
WE DO NOT ACCEPT ANNONYMOUS COMPLAINTS.

Warrick County Area Plan Commission
Complaint Form

Date: _____ *Phone Number:* _____

Name: _____

Address: _____

_____

Owner of Property: _____

Address of Property: _____

_____

Complaint:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

(Print Name) *(Staff Signature)*

If Area Plan staff does not witness signature this complaint form will have to be notarized

_____

(Signature)

State of Indiana)
) SS:
County of Warrick)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named _____ *who acknowledged the execution of the foregoing instrument to be their voluntary act and deed.*

Witness my Hand and Notarial seal this _____ *day of* _____ *20____.*

My Commission expires: _____.

_____

(Signature of Notary Public)

_____

(Printed Name of Notary Public)

_____

(County of Residence of Notary)

Received by Zoning Inspector:

_____ _____

Date **Initial**