

**THIS FORM MUST BE FILED IN PERSON OR NOTARIZED.
WE DO NOT ACCEPT ANONYMOUS COMPLAINTS.**
*Warrick County Area Plan Commission
Complaint Form*

Date: _____ Phone Number: _____

Name: _____

Address: _____

Email Address: _____

Owner of Property: _____

Address of Property: _____

Complaint:

By filing this complaint I agree to cooperate and assist Warrick County in all investigations and in any pursuit and enforcement actions taken upon this complaint, including but not limited to attending and testifying at all public meetings or court hearings resulting from the filing of this complaint. I understand that failure to assist or cooperate may be grounds for the administrative dismissal of this complaint. (Dates and times of public hearings and court hearings will be supplied by staff.)

I affirm that I am not filing this complaint as the result of any personal animosity, anger or for a vindictive purpose against the owner of the property against which the complaint is filed. I understand that if it is discovered that I have violated this requirement, Warrick County reserves to administratively dismiss this complaint and to seek to recover from me, all costs and expenses incurred by Warrick County in pursuit of this 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 _____