

**COMPLAINT FOR ZONING VIOLATION**

**BRIMFIELD TOWNSHIP PORTAGE COUNTY, OHIO**

**TELEPHONE: 330-678-0739**

**FAX: 330-678-6626**

**Complaint was submitted voluntarily to the Brimfield Township Zoning Department**

**LOCATION OF COMPLAINT** \_\_\_\_\_

**NAME OF OWNER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**OCCUPANT** \_\_\_\_\_

**PARCEL NUMBER** \_\_\_\_\_

**State the complaint and dates of complaint on this property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**I hereby certify that the above information is true and correct to the best of my knowledge, belief, and information.**

\_\_\_\_\_  
**Signature** **Date**

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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**For Official Use Only**

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Method received: Telephone** \_\_\_\_\_ **In Person** \_\_\_\_\_ **Other** \_\_\_\_\_

**Disposition:**

\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Inspected By;** \_\_\_\_\_