

ADAMS COUNTY COMPLAINT OF VIOLATION

**PART A:** To be completed by complainant:

Date of Complaint: \_\_\_\_\_

Statement of complainant (problem or nuisance caused): \_\_\_\_\_

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

Location of complaint:

Property Owner's Name (if known): \_\_\_\_\_

Fire No.: \_\_\_\_\_ Road or Street: \_\_\_\_\_

Town of: \_\_\_\_\_ Other Location Features: \_\_\_\_\_

Complainant: \_\_\_\_\_ Address: \_\_\_\_\_

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

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ACTION OF ENFORCING OFFICER

**PART B:** To be completed by Planning & Zoning Department personnel:

Date Reviewed: \_\_\_\_\_

I. Complaint filed indicates:

\_\_\_\_\_ No violation of Adams County Ordinance(s)

\_\_\_\_\_ Possible violation of Adams County Ordinance(s) {Proceed to Section II.}

II. Inspection of premises indicates:

\_\_\_\_\_ No violation of Adams County Ordinances

\_\_\_\_\_ Violation(s) of the following Ordinance(s) & Section(s) {Complete & proceed to Section III.}:

Ordinance: \_\_\_\_\_ Section: \_\_\_\_\_

Ordinance: \_\_\_\_\_ Section: \_\_\_\_\_

Ordinance: \_\_\_\_\_ Section: \_\_\_\_\_

Inspecting Officer: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

III. Action taken on findings:

\_\_\_\_\_ No action taken (no violation found)

\_\_\_\_\_ Action taken as follows: \_\_\_\_\_

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

Enforcing Officer: \_\_\_\_\_ Date of Action: \_\_\_\_\_