



CITY OF MADISONVILLE
COMPLAINT FORM
OFFICE OF ZONING ADMINISTRATOR

Per Chapter 156.101 of the City of Madisonville Code of Ordinances, all complaints must be made in writing stating fully the cause and basis of said complaint then signed by the complainant and delivered to the Zoning & Permit Office. All complaints will be immediately investigated.

Location of Complaint: _____

Description of Complaint: _____

Complainant Information (Person making the complaint)

Name: _____

Address: _____

Phone #: _____ Email Address: _____

Signature of Person Making Complaint Date

TO BE COMPLETED BY THE ZONING OFFICE

Date Complaint Received: _____ Time Complaint Received: _____

Person Receiving the Complaint: _____

Complaint was Received via: Mail: _____ Walk In: _____

Outcome of Complaint: _____

Return Form to:
67 North Main Street
Madisonville, Kentucky 42431
Email: mtodd@madisonvillegov.com
Phone: 270-824-2108