

## CITY OF MADISONVILLE ZONING & PERMITS DEPARTMENT COMPLAINT FORM

P.O. Box 705 67 North Main Street Madisonville, KY 42431

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 & Permits Office. All complaints will be immediately investigated.

|  | Location of Complaint:               |                                   |
|--|--------------------------------------|-----------------------------------|
| Complainant Information (Person making the compliant)  Name:   | Description of Complaint:            |                                   |
| Complainant Information (Person making the compliant)  Name:  Address:  Phone #: Email Address:  Signature of Person Making Complaint Date  TO BE COMPLETED BY THE ZONING & PERMITS OFFICE  Date Complaint Received: Time Complaint Received:  Person Receiving the Complaint:  Complaint was Received via: Mail: Walk In: |                                      |                                   |
| Complainant Information (Person making the compliant)  Name:  Address:  Phone #: Email Address:  Signature of Person Making Complaint Date  TO BE COMPLETED BY THE ZONING & PERMITS OFFICE  Date Complaint Received: Time Complaint Received:  Person Receiving the Complaint:  Complaint was Received via: Mail: Walk In: |                                      |                                   |
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| Phone #: Email Address: Date  TO BE COMPLETED BY THE ZONING & PERMITS OFFICE  Date Complaint Received: Time Complaint Received: Person Receiving the Complaint: Walk In: Walk In:  | Name:                                |                                   |
| Phone #: Email Address: Date  TO BE COMPLETED BY THE ZONING & PERMITS OFFICE  Date Complaint Received: Time Complaint Received: Person Receiving the Complaint: Walk In: Walk In:  | Address:                             |                                   |
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| Date Complaint Received: Time Complaint Received:  Person Receiving the Complaint:  Complaint was Received via: Mail: Walk In:   | Signature of Person Making Complaint | Date                              |
| Person Receiving the Complaint: Walk In:   | TO BE COMPLET                        | ED BY THE ZONING & PERMITS OFFICE |
| Complaint was Received via: Mail: Walk In:   | Date Complaint Received:             | Time Complaint Received:          |
|  | Person Receiving the Complaint:      |                                   |
| Outcome of Complaint:  | Complaint was Received via: Mail     | : Walk In:                        |
|  | Outcome of Complaint:                |                                   |
|  |                                      |                                   |