



ALLEGED ZONING VIOLATION COMPLAINT FORM

Location of Alleged Violation:

Property Owners Name: _____
(If different than the alleged violators name & address)

Property Owner's Address: _____

Alleged Violators Name: _____

Nature of Alleged Violation:

Complainant's Name: _____ **Daytime Phone:** _____

Complainants Address: _____

Complainant's Signature: _____ **Date:** _____

*NOTE: By signing this form, you are attesting to the validity of this complaint, and acknowledge your willingness to appear (if necessary), before the Board of Zoning Appeals and in District Court as a witness against the alleged violator of the Town of Leesburg Zoning Ordinance. **Checking the following () will serve as a request to keep your name confidential with respect to requests for release of information in accordance with the Freedom of Information Act. Section 2.2-3705.3#10 Code of Virginia***

Please do not write below; to be completed by Town staff

Tax Map Number: _____ MCPI# _____: _____: _____

Zoning District: _____ Complaint Rec'd by: _____

Date: _____