



**TOWN OF WESTPORT**  
 PLANNING & ZONING DEPARTMENT  
 Town Hall, 110 Myrtle Avenue  
 Westport, CT 06880  
 Phone (203) 341-1030, Fax (203) 454-6145

<i>Official Use Only:</i> <b>Date Received</b> _____ <b>Received by</b> _____
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## ZONING VIOLATION COMPLAINT FORM

Complete items ①, ②, & ③ All complaints are a matter of public record and subject to the Freedom of Information Act

① Address of Complaint: \_\_\_\_\_

② Please print **your** name, address, & Tel# below or check here for Anonymous  \* See Note Below

\* The P&Z Dept. will ONLY investigate anonymous complaints when staff determines that the reporter violation may pose an immediate threat to the public health, safety or welfare of the community.

Your Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel#: \_\_\_\_\_

③ Describe your Complaint in detail:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you are including Attachments and/or Pictures, please check this box.

We prioritize the P&Z complaints depending on severity or safety and we anticipate inspection within 2 weeks.

*For Official Use Only. Do not write below.*

Inspected by: _____	Date: _____	Time: _____	Pictures <input type="checkbox"/>
Notes: _____ _____ _____ _____			
Follow-Up Inspection by: _____	Date: _____	Time: _____	Pictures <input type="checkbox"/>
Notes: _____ _____			