



TOWN OF PLAINFIELD, CONNECTICUT  
**PLANNING AND ZONING**  
**COMMISSION**

*Zoning Complaint Form*

Name of Complainant: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name of Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

**COMPLAINT:** \_\_\_\_\_

Assessor's Information: MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

Location of Property: \_\_\_\_\_

**For Office Use Only:**

	Staff Person Responsible	Date of Activity
Property Inspection:		
Complaint Notice letter sent:		
Violation Notice letter sent:		
Cease and Desist Issued:		
Case Forwarded to the Town Attorney:		
Complaint resolved:		
Other:		

Observations:

Complaint #: \_\_\_\_\_  
 Received by: \_\_\_\_\_