

# Complaint Form

Print this form, complete legibly, and mail to office address

Name of Person  
Making Complaint (Complainant)

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Address of Complainant:

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Telephone Number of Complainant: \_\_\_\_\_

Address of Violation: \_\_\_\_\_

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Owner of Property  
Where Violation Located: \_\_\_\_\_

Specific Violation: \_\_\_\_\_

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Print this page and mail with any other documentation such as pictures to:

County Zoning Office (attn: Zoning Administrator)  
P. O. Box 2808  
Oshkosh WI 54903 – 2808