

Banks Township  
Zoning Violation and Blight Complaint Form

Complaint Number:

Date complaint was filed:

Parcel Number:

Property Owners Name and Address:

Description of suspected violation:

Date of first onsite inspection:

Date of first letter (cc to board):

Date of second letter (certified):

Date attorney was contacted:

Date case is deemed resolved:

Date of additional inspections:

Name & Address of complainant:

Phone Number of complainant:

Signature of zoning administrator