

OWNER OF PROPERTY:

Complaintant's Signature

P.O. Box 158
Third & Main Streets
Aurora, IN 47001
812-926-1777
Fax 812-926-0838
www.aurora.in.us





Date

COMPLAINT FORM

NAME:					
WAIVIL.					
ADDRESS:					
COMPLAINTANT:					
IAME:		PHONE:			
ADDRESS:		l			
SITE INFORMATION:					
LOCATION:	SECTION:	TOWNSHIE		(#)	RANGE:
PROPERTY MAP#	ZONING:	ZONING:		LOT #/SUBDIVISION:	
DESCRIPTION OF COMPLAINT(S):					
*Initial inspections generally occur within 3-5 business days that the complaint is received by the Planning & Zoning staff					
I swear/affirm under penalties of perjury that the	e foregoing re	oresenta	ations are true	to the hes	t of my knowledge and helief
- 515 ca. / diffirm white perfutices of perjuty that the	C TOTEBOING TE	p. coente	and the true	to the bes	to my knowieuge und benen
X		X			

Date

City Official's Signature