

Zoning Complaint Form

Jackson Township
P.O. Box 114
Christiansburg, Ohio
45389

Complaint Being Filed By

Name: _____

Address: _____

Phone: _____

Email: _____

Complaint Being Filed Against

Name: _____

Address: _____

Description of Violation

Signature _____ Date _____

Thank You for taking the time to fill out this document. You can be assured that Jackson TWP officials will investigate this matter. Please fill out all of the information that is possible and mail to: Jackson TWP P.O. Box 114, Christiansburg Ohio 45389 or give to a TWP official. We will be in contact with you after the investigation.

Investigation date _____ Zoning Inspector _____

Action:
