



Date Received ___/___/___
Received By _____

**MORGAN COUNTY
PLANNING AND BUILDING DEPARTMENT
CODE COMPLIANCE COMPLAINT FORM**

Complainant

Alleged Violator

Name _____

Name _____

Address _____

Address and or location _____

Phone (____) _____

Email _____

Date of Complaint: _____

Nature of Alleged Violation: _____

How are you/your property impacted? _____

Where is your property in relation to the alleged violation? _____

Have you discussed your concerns with the property occupant? Yes _____ No _____

If not, please explain why: _____

Are you in a Subdivision which has covenants that prohibit the activity reported? Yes ___ No ___

If so, have you contacted the Homeowners Association for enforcement? Yes ___ No ___

May we contact you if needed? Yes ___ No ___

May we disclose your name to the alleged violator? Yes ___ No ___

It is the policy of Morgan County to maintain the anonymity and confidentiality of persons complaining of zoning violations, however, complainants should be aware that the county may be required to release this information under the Colorado Open Records Act, other laws, or by order of a court.

Signature: _____

*(Complaint will **not** be processed without signature)*