Leavenworth County Planning and Zoning Department			Complaint Form
	pe – Please check all that apply only authorized to investigate the cat	This area for office use only	
Septic sy	rstem failure	Complaint No:	
Building without a permit			Received By:
Operatir zoning	ng a business without a Special Use	Date:	
Unhealth	ny trash accumulation	CAMA #:	
Unpermi	ted construction or dumping in a	Zoning:	
Unautho	orized or more than one property e	Subdivision:	
Not mee	eting building setback requiremen	Lot #:	
Open or	hazardous water well	S-T-R:	
Living in	a camper, tent or other non-dwel	Assigned to:	
Dumpin	g trash on a property or in waterw	SUP #:	
Two hon	nes on one parcel	Comments:	
An illego	al mobile home		
Unfence	ed lagoon		
Unpermi	ted or noncompliant sign	Received Stamp Here:	
Not mee	eting the requirements of a Specia		
Leavenv	n of the definition of a kennel, Artic worth County Zoning & Subdivision ad through Resolution by the Board sioners.		
3 or mor	e unlicensed vehicles on a proper		
	worth County will only investigate a co y, notarized and submitted to the Plan		
Information about the person making the complaint Information about the			person or property being reported
Your Name		Property Owner's Name	
Address		Site Address	
City & State		Site City & State	

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Zip		Site Zip			
Phone		Owner's Phone			
Email		Your relationship with the property owner:			
Please describe your objections to the person's actions or the property use being reported:					
Please provide a sketch of the site. Please note the location of the items or area being reported.					
<ol> <li>My signature below means I understand and accept the following conditions:         <ol> <li>Knowingly submitting a false complaint is a crime.</li> <li>Leavenworth County will not report to you the status of your complaint once it is filed.</li> <li>Submission of a complaint form doesn't guarantee a resolution of the complaint to your satisfaction or in a timely manner.</li> <li>Complaints are handled in order of their threat to the public's health, safety, and welfare.</li> <li>Your identity may become public information in the course of the investigation of your complaint.</li> </ol> </li> <li>I, (Printed Name), swear under penalty of law that the information I have</li> </ol>					
submitted in this complaint is true and accurate.					
Complainant's		00 h = fo	Date:		
NOTARY STATEMENT: On this, day of, 20, before the undersigned notary public, this personally appeared who acknowledged to be the person of and as such did sign the foregoing instrument for the purposes therein contained. I WITNESS WHEREOF, I hereunto set my hand and official seal.  (Place Notary Seal Here)  Notary Public Name:					
My Commission Expires:					

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