

Russell Township Zoning Complaint Form

Date of Complaint: _____ Complaint Received By: _____

Name of Complainant: _____

Phone Number of Complainant: _____

Email of Complainant: _____

Complaint: _____

Property Owner: _____

Address: _____

Zoning Inspector's Notes:

Date Investigated: _____ Investigated By: _____

Status: _____

Received By _____