City of Helena

DATE RECEIVED:

CITY OF HELENA

ZONING VIOLATION COMPLAINT FORM

Complainant

Name: _____

Address: _____

Primary Phone #: _____

Date of Complaint: ____/__/_____

Address of the Property with Violation: _____

Description of zoning violation, including date first noticed, names of persons or business responsible, if known:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I understand that making a written false statement that I do not believe to be true constitutes the offense of unsworn falsification to authorities under §45-7-203, MCA.

_____ _____

Signature of Complainant Date

Send to: Community Development Department
316 North Park Avenue, Room 445
Helena, MT 59623

Revised 2-19-14