

ALLEGED ZONING VIOLATION COMPLAINT FORM

Submit Completed Forms to:

Town of Amherst
174 S. Main Street, Amherst, VA 24521
434-946-7885
Email Town Manager: Sara.McGuffin@amherstva.gov



Address of alleged violation: _____

Name of alleged violator: _____

Name of Property Owner (if different than above): _____

Address of property owner (if different than above): _____

Please describe the nature of the alleged violation:

Location of alleged violation on the property (i.e. front yard, side yard, driveway, etc):

Your Name (anonymous complaints will not be investigated): _____

Your Address: _____

Does the Zoning Official have your permission to access your property in order to view the violation, take photographs, or otherwise investigate your complaint? Yes _____ No _____

Daytime Telephone: _____ Email: _____

Please check here () if you would like the Town to withhold your name and address during the processing of this complaint unless otherwise compelled by a court of law.

For Town Staff Use Only:

Complaint Received via: Phone? Walk-in? Mail? Email? Date received: _____ By: _____

Notes: _____

Action taken: _____

Resolution: _____

Resolved on: _____ or Court Hearing(s) on: _____

Final notes: _____

Complainant Contacted for final follow up (Via: Mail E-mail Phone or Other): ___/___/___ a.m./p.m.