



TOWN OF LITCHFIELD

Planning Board
Conservation Commission

ZONING VIOLATION COMPLAINT FORM

Complainant:

Name: _____

Address: _____

Telephone Number: _____

Location of Zoning Violation:

Address: _____

Tax Map/Lot: _____

Owner: _____

Description of Zoning Violation:

In the space provided below, please set forth a description of the zoning violation and a description of how you learned of the zoning violation. The zoning violation must be described in detail and in specific reference to the applicable section(s) of the Litchfield Zoning Ordinance. Attach additional pages and/or documentation as you deem necessary.

Dated: _____

Signature of Complainant

THE STATE OF NEW HAMPSHIRE
Hillsborough, SS

On this day, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument and acknowledged that (s)he did execute the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Dated: _____

Notary Public
My commission expires: