CITY OF WINDSOR

ZONING DEPARTMENT
1016 MAINE STREET
WINDSOR, ILLINOIS

ATTENTION: BUILDING INSPECTOR

COMPLAINT FORM

DATE OF COMPLAINT: _____

YOUR NAME: _____PHONE: _____

YOUR STREET ADDRESS: _____

YOUR CITY, STATE, ZIP: _____

PROPERTY ADDRESS INVOLVED IN COMPLAINT:

_____

PROPERTY OWNER (IF KNOWN): _____

DESCRIPTION OF PROBLEM OR COMPLAINT:

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* SIGNATURE: _____
(COMPLAINT FORM MUST BE SIGNED BY COMPLAINING PARTY IN ORDER FOR AN INVESTIGATION TO OCCUR.)