

REQUEST FOR ACTION INVESTIGATION REPORT

Date: _____

1. ADDRESS OF VIOLATION: _____
(REQUIRED)

2. OWNER OR TENANTS NAME: _____
(REQUIRED)

3. NATURE OF VIOLATION AND HOW LONG HAS IT BEEN AN ISSUE: _____

4. ARE THERE ANY SAFETY OR IMMEDIATE HEALTH ISSUES: _____ YES _____ NO

5. COMPLAINANT'S NAME: _____ Please Notify
(REQUIRED)

(Address)

(Phone)

*If possible, please e-mail as pdf (not to exceed 10mb and named by st. address)
submission to pzinfo@colchestervt.gov or provide via CD/DVD or flash drive.*

TO BE FILLED IN BY THE TOWN OF COLCHESTER
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DATE: _____ COMPLAINT TAKEN BY: _____ REQUEST NO. _____

Tax Map _____ Parcel _____ Section of Code: _____

1. Site observations: _____

2. Did you speak to anyone? _____ Whom? _____

3. Nature of discussion: _____

4. Type of Notification: Office Letter/Field Notice/Phone Call/Other (circle one)

5. Explain enforcement Action: _____

6. Re-inspection date: _____

7. Was the complainant notified: _____ If not, why? _____

8. Additional comments: _____

9. Photographs or supporting material attached: _____ Yes _____ No

Inspection Officer

Date

