



REQUEST FOR ACTION INVESTIGATION REPORT

Town of Readsboro

PO Box 187 / 301 Phelps Lane, Readsboro, VT 05350
Office (802) 423-5652 - Fax (802) 423-5423
admin@readsborovt.org \* www.readsborovt.org

Please complete the following form if you wish to file an alleged violation to the Zoning Administrator.

- 1. Date You Are Submitting a Complaint:
2. Address of Violation (required): Parcel ID: (required)
3. Owner or Tenants Name (required):
4. Nature of violation and how long has it been an issue:
5. Are there any safety or immediate health issues? Yes No
6. Complainant's Name (required): Address: Phone: Email:

TO BE COMPLETED BY THE ZONING ADMINISTRATOR OR THEIR DESIGNEE

DATE COMPLAINT RECEIVED: COMPLAINT TAKEN BY: REQUEST #:
Tax Map Parcel

- 1. Site observation done? Yes No If No, Why?
2. Did you speak to anyone at the site? Yes No If Yes, To Whom?
3. Nature of discussion:
4. Type of Action Taken: Phone Call List Date(s): Sent Letter List Date(s): Other (list)
5. Explained enforcement action to the potential violator: Yes No If No, Why?
6. Re-inspection date (if applicable):
7. Does there appear to be a Violation of the Readsboro Zoning Bylaws? Yes No
8. Additional comments:
9. Photographs or supporting materials attached Yes No
If Yes, what type of material(s) is attached:

Date:

Zoning Administrator