



TOWN OF JEROME  
PLANNING AND ZONING DEPARTMENT

VIOLATION/HAZARD COMPLAINT FORM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
TAKEN BY: \_\_\_\_\_

REPORTING PERSON'S NAME \_\_\_\_\_

REPORTING PERSON'S ADDRESS \_\_\_\_\_

ADDRESS OF VIOLATION \_\_\_\_\_

DESCRIPTION OF VIOLATION (*Be specific-make, model, color of car; type of trash, food waste, furniture, etc.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

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**ZONING INSPECTOR'S REPORT**

Inspector's Name: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

**ZONING INSPECTOR'S COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, Addresses, Phone Numbers of person(s) contacted (if any)

\_\_\_\_\_  
\_\_\_\_\_

EVALUATION: \_\_\_\_\_ 1<sup>ST</sup> Degree (major) \_\_\_\_\_ 2<sup>nd</sup> Degree (medium) \_\_\_\_\_ 3<sup>rd</sup> Degree (minor)

ACTION REQUIRED: \_\_\_\_\_ ASSIGNED TO: \_\_\_\_\_

ATTACHMENTS: \_\_\_\_\_ Photos \_\_\_\_\_ Other (explain) \_\_\_\_\_