

*Village of Centerburg*  
*"In The Heart of Ohio"*

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Drawer D  
Centerburg, Ohio 43011

## Zoning Complaint Form

Date: \_\_\_\_\_ Complaint Number: \_\_\_\_\_

<b>Complaint filed by:</b> <input type="checkbox"/> I would like to remain anonymous Name: _____ Address: _____ _____ Email Address: _____ Phone Number: _____
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<b>Nature of complaint:</b> <input type="checkbox"/> Junk/litter <input type="checkbox"/> Building <input type="checkbox"/> Zoning <input type="checkbox"/> Other Describe in detail the nature of the complaint (use additional sheets as necessary): _____ _____ _____
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<b>Location of complaint:</b> Address: _____ Other description of location: _____
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<b>Property owner, if known:</b> Name: _____
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Village use only

Complaint received by: _____ Date: _____ Action taken: _____ _____
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