

**Town of Strasburg** Economic Development and Planning Department 174 East King Street, PO Box 351 Strasburg, VA 22657 540-465-9197 (p) 540-465-3252 (f)

## **PROPERTY VIOLATION COMPLAINT FORM**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     |
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| ALLEGED<br>VIOLATOR'S<br>INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADDRESS/LOCATION (if address is unknown)                                                                                                                                                                                                                                                                                                                        | wn, describe in detail the location of the violation)                                                               |
| ALLEGED<br>VIOLATION<br>INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TYPE OF VIOLATION (check one)         Property maintenance (tall grass, trash, blight etc.)       Building without a permit         General zoning (setbacks, land use, etc.)       Accessory structure (fence, shed, deck, etc.)         Illegal sign       Other (please describe below)         DESCRIBE THE ALLEGED VIOLATION (use back of sheet if needed) |                                                                                                                     |
| COMPLAINANT'S<br>INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME<br>ADDRESS<br>EMAIL<br>PHONE                                                                                                                                                                                                                                                                                                                               | RECEIVE UPDATES ON<br>STATUS OF VIOLATION?       YES       NO         KEEP NAME<br>CONFIDENTIAL?       YES       NO |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE RECEIVED                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     |
| STAFF<br>ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INSPECTED?<br>YES INO<br>LETTER SENT<br>YES INO<br>FOLLOW-UP ACTION                                                                                                                                                                                                                                                                                             | INSPECTION DATE DATE LETTER SENT                                                                                    |
| <b>NOTE:</b> By submitting this for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | m you are attesting to the validity of this complain                                                                                                                                                                                                                                                                                                            | t and acknowledge your willingness to appear in court as a                                                          |
| NOTE: By submitting this form, you are attesting to the validity of this complaint and acknowledge your willingness to appear in court as a witness against the alleged violator of the Strasburg Town Code. Please be advised that you may be contacted to verify the information contained in this form. If you wish to keep your name confidential with respect to requests from the public for release of information in accordance with the Freedom of Information Act (FOIA), please check the appropriate box above. Mail, email, fax, or hand-deliver the completed form to the Economic Development and Planning Department at the address listed at the top of this page. |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |
| Print Name of Complainant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                 | Signature of Complainant                                                                                            |