



ZONING COMPLAINT FORM

TOWN OF MONROE
PLANNING and ZONING DEPARTMENT
7 Fan Hill Road, Monroe, CT 06468
Tel. (203) 452-2812

Property Address of Alleged Violation: _____

Property Owner (if known) _____

Description of Alleged Violation: *If including Attachments and/or Pictures, check here* ☐

PLEASE BE ADVISED: Anonymous complaints will not be received. All complaints are subject to
the Freedom of Information Act and therefore are a matter of public record

Complainant Name: _____ Email: _____

Date: _____ Phone: _____

OFFICE USE ONLY:

Date of Investigation: _____ Follow-up Investigations: _____

Assessor Tax Map # _____ Lot # _____ Zone: _____

Inspection Findings: *Action Taken* ☐ *No Violation Found* ☐ *Undetermined Based on Available Information* ☐

Referrals: ☐ *Inland Wetlands* ☐ *Health Dept* ☐ *Building Dept* ☐ *Public Works* ☐ *Police* ☐ *Fire* ☐ *First Selectman*