

CAMDEN COUNTY PLANNING & ZONING – C1

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CITIZEN AFFIDAVIT ZONING INQUIRY / COMPLAINT FORM

Name of Complainant: _____ Date: _____

Mailing Address of Complainant: _____

Phone of Complainant: _____ E-Mail/Other: _____

Description of Suspected Zoning Violation: _____

Address: _____ Parcel number: _____

Directions to Location: (Please be detailed) _____

Other Information:

(Name/Contact Information of suspected violator, Lot #, Parcel #, Subdivision, Acreage, Etc...)

Reference to Other Files/Cases: _____

Signature of Complainant

STATE OF MISSOURI)

)SS

COUNTY OF CAMDEN)

On this _____ day of _____, 20____, personally appeared _____ (a single person or husband and wife), known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that she/he executed the same for the purposes therein contained..

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal at my office in _____, the day and year last above written.

Notary Public, in and for said County and State

My Commission Expires: _____

OFFICE USE ONLY:

DATE RECEIVED: _____ RECEIVED BY: _____ CASE NUMBER: _____