

Town of Round Hill
Town Office
23 Main Street
P.O. Box 36
Round Hill, Virginia 20142
Tel.: 540/338-7878 Fax: 540/338-1680



ALLEGED ZONING VIOLATION FORM

(Please print legibly)

This complaint form can not be submitted by fax or e-mail.

Property Owner's Name: *(if different than the alleged violator's name and address)*

Property Owner's Address:

Alleged Violator's Name:

Alleged Violator's Address:

Nature of Alleged Violation:

Complainant's Name:

Daytime Phone:

Complainant's E-mail:

Complainant's Address:

Complainant's Signature:

Date:

***Note:** By signing 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 Round Hill Zoning Ordinance. Checking the following () will serve as a request to keep your name confidential with respect to requests from the public for release of information in accordance with the Freedom of Information Act. Mail or hand-deliver the completed form to the Town Office at the above address.*

Please do not write below; to be completed by the Town Zoning Administrator

Tax Map Number: _____

MCPI #: ____: ____: _____

Zoning District:

Acres:

Complaint Rec'd. by:

Date: