

**STARKE COUNTY PLANNING COMMISSION  
53 E. MOUND ST.  
KNOX, IN. 46534  
574-772-9133**

**COMPLAINT FORM**

**NAME OF VIOLATOR** \_\_\_\_\_

**ADDRESS OF VIOLATOR** \_\_\_\_\_

**TYPE OF COMPLAINT** \_\_\_\_\_  
use additional paper if needed

**NAME, PHONE # AND ADDRESS OF PERSON FILING COMPLAINT  
MUST BE WILLING TO TESTIFY IN COURT**

**PRINTED NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE AND TIME** \_\_\_\_\_

**INSPECTION REPORT ( for office use only )**

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