

# Kingston Township Zoning Complaint Form

(Revised 09-05-08)

**KINGSTON TOWNSHIP ZONING OFFICE**  
**9899 STATE ROUTE 521**  
**SUNBURY, OHIO 43074**  
**740-524-0290**

**E-mail: [zoning@kingstontwp.org](mailto:zoning@kingstontwp.org)**  
**Website: [www.kingstontwp.org](http://www.kingstontwp.org)**

**Case#** \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

FAX: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

Occupant of Property in Complaint: \_\_\_\_\_

Owner of Property in Complaint: \_\_\_\_\_

Address of Property in Complaint: \_\_\_\_\_

Nature of Complaint: (be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant's Signature (required): \_\_\_\_\_

FOR OFFICE USE ONLY

Date received by Zoning Office:

\_\_\_\_\_

Approved for site inspection by: \_\_\_\_\_

If violation found, describe and list Zoning Resolution section: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector's action taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response of Owner or Occupant, if any: \_\_\_\_\_

Date of Compliance: \_\_\_\_\_ Date sent to Prosecutor: \_\_\_\_\_

General/Legal Process Notes: