



FOR OFFICIAL USE ONLY	
Date Received	
Zoning	
Property ID	
Section	
Code	
Reviewed By	

This statement is voluntarily given to the Code Enforcement Office with the understanding that the Town may initiate legal proceedings.

1. Please include all of the information below	
Address (of violation):	
Violation Discovered on:	
Name (owner):	
Code Violated:	
Specific Section:	
Please Describe the Violation in detail. Please use the exact date and time when possible:	

Complainant Information

Name:	
Mailing Address:	
Phone Number:	
Email Address:	

Complaint will not be accepted unless ALL fields of the form have been completed

In the event such legal proceedings are initiated, I will appear to testify in court to the facts stated in the following statement. The above alleged violation(s) submitted to the Town of Casco Code Enforcement Office was of my own free will and not solicited by the Town of Casco.

Complainant Signature:	Date:
_____	_____