



TOWN OF CAMP VERDE CODE COMPLIANCE

473 South Main Street Suite 108
Camp Verde, AZ, 86322-7246

Main Line: (928) 554-0050
Web: www.campverde.az.gov
Email: Communitycodecompliance@campverde.az.gov

ZONING/TOWN CODE COMPLAINT FORM

Important Note: Complete, accurate and true information is required in all fields. This investigation may be delayed or stopped if incomplete/insufficient information is provided on this complaint form.

Anonymous complaints are accepted, however if you wish to remain anonymous you **MUST** indicate such by checking the Yes box by “**I wish to remain anonymous**” below and write “**anonymous**” in the name field. In doing so, you will **NOT** need to fill out the Reporting Party Information section. Please be advised a complaint is public record and the Town will follow all public record request laws.

I WISH TO REMAIN ANONYMOUS: YES NO

Today's Date: _____

SECTION 1 - REPORTING PARTY INFORMATION

Your Name: _____ Telephone (Include Area Code): _____

Signature: _____ Best Time to Call: AM PM Anytime

Your Address: _____ Additional Phone Number: _____

I am willing to complete a sworn affidavit and testify in a court of law if this investigation goes to trial YES NO

SECTION 2 - VIOLATION INFORMATION

Name of Owner-Tenant (If Known): _____

Address: _____ Assessor's Parcel Number: _____

Cross Street(s): _____ Other Complaints reported: YES NO

*Complaint Types. Check categories that apply **AND** include written remarks at the bottom*

- | | |
|--|--|
| <input type="checkbox"/> Building/Remodeling without Permit | <input type="checkbox"/> Living in Recreational Vehicle |
| <input type="checkbox"/> Unpermitted Shipping Container | <input type="checkbox"/> Prohibited Sign(s) |
| <input type="checkbox"/> Improper Usage in Zone (Residential/Commercial) | <input type="checkbox"/> Abandoned/Inoperable Vehicle(s) |
| <input type="checkbox"/> Operating Business w/out business license | <input type="checkbox"/> Outside Storage of Material, etc. |
| <input type="checkbox"/> Home Occupation w/out license | <input type="checkbox"/> Lighting Violation |
| <input type="checkbox"/> Unsafe structure/Dangerous Building | <input type="checkbox"/> Too Many Animals (Livestock) |
| <input type="checkbox"/> Trash/Rubbish/Junk/Vehicles | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fire Hazard and Weeds >6" | |

Section 3: Please state the details of your complaint below.
