



City of Whitefish
 Planning & Building Dept
 418 E 2nd St | PO Box 158
 Whitefish, MT 59937
 Phone: (406) 863-2410
 Fax: (406) 863-2409

File #: _____

Date: _____

Intake Staff: _____

REQUEST FOR INVESTIGATION OF POTENTIAL VIOLATION

REQUEST INFORMATION:

Your Name**: _____

Phone #: _____ Email Address: _____

*** Staff will not process anonymous complaints. ***

Address of Concern: _____

Assessor number, legal description (if known): _____

Name of Property Owner (if known): _____

Date Concern was First Observed: _____ Would you like a return call? Yes No

Type of Concern (Please check all that apply):

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Dark Sky Lighting | <input type="checkbox"/> Lakeshore | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Decayed Property | <input type="checkbox"/> Noxious Weeds | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dust Abatement | <input type="checkbox"/> Sign Violation | |
| <input type="checkbox"/> Junk Vehicle | <input type="checkbox"/> Snow/Ice Removal | |

Brief Description/Explanation of Concern (Include any other information you believe may assist staff in reviewing the complaint and expediting its review – i.e. photos.) :

FOR OFFICE USE ONLY

<p>How was complaint reported?</p> <p><input type="checkbox"/> In Person <input type="checkbox"/> Message <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> _____</p>	<p>Recommendation(s):</p> <p>_____ _____ _____</p>
<p>Date of Site Visit: _____</p> <p>Date of Follow-Up: _____</p>	<p>Status: _____</p> <p>Date: _____</p>

Additional Notes:
