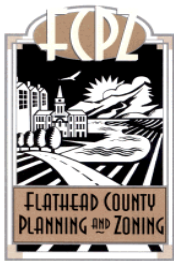


Submitted: In person U.S. Mail Email Fax



**Flathead County
Planning & Zoning**
40 11th Street West, Suite 220 Kalispell, MT 59901
Telephone 406.751.8200
Email: compliance@flathead.mt.gov

VIOLATION COMPLAINT FORM

Community Decay * Zoning Floodplain Subdivision Lakeshore Billboard

NAME(S) OF ALLEGED VIOLATOR(S)/LANDOWNER(S):

PHYSICAL ADDRESS OF ALLEGED VIOLATION:

DETAILED DESCRIPTION OF ALLEGED VIOLATION*:

ADDITIONAL INFORMATION MAY BE INCLUDED ON A SEPARATE SHEET OF PAPER AND ATTACHED TO THIS FORM. INCLUDE PHOTOS, VIDEO, OR OTHER DOCUMENTATION YOU MAY HAVE.

REPORTING SOURCE NAME: _____

REPORTING SOURCE ADDRESS: _____

REPORTING SOURCE PHONE NUMBER: _____

REPORTING SOURCE EMAIL ADDRESS: _____

DATE: _____

* Community decay must be "in public view" from a public road, which is defined as any area visible from a point up to six feet above the surface of the center of any public roadway according to Ordinance No. 6.

** If your concern is regarding septic, wells, and/or sanitation, please contact Flathead City-County Environmental Health Department at (406) 751-8130 or email them at ehhealth@flathead.mt.gov to file a violation complaint with their department.



40 11th Street West, Ste. 220
 Kalispell, MT, 59901
OFFICE: (406) 751-8200
EMAIL: planning.zoning@flathead.mt.gov
WEB: flathead.mt.gov/planning_zoning

CUSTOMER SERVICE SURVEY

Our mission is to provide you with the best possible service. Please help us serve you and others better by taking a few minutes to answer the questions below. Our office genuinely appreciates your time and your feedback.

What was the nature of your contact with us? (Please check all that apply)

- General Information
- Permitting (Lakeshore, Floodplain, Zoning, Subdivision)
- Pre-application Conference
- Other _____

Please Check as Appropriate:					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment
Staff was courteous and helpful					
Staff provided accurate information to me					
Staff response was considerate of my time					
My overall experience was positive					
Please complete the section below if your contact with us involved permitting:					
The permitting process was understandable					
The regulations were understandable					
Application instructions were understandable					
Terms and conditions of the permit were understandable					

We provide opportunities for staff to be recognized for exemplary customer service. Please indicate the names of any staff person(s) you would like to commend:

If you feel we fell short in meeting your service expectations, please describe the situation including the name of the staff person involved (if applicable) and the date the incident occurred:

As a result of your experience with us, what service-related improvement(s) can you recommend?

Contact Information (Optional)

Your name: _____

Email: _____ Daytime phone: _____

Mailing address: _____

Date submitted: _____

Please hand deliver, email, fax or mail form to:

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Kalispell, MT 59901
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