BILLBOARD / SIGN VIOLATION

Flathead County Planning & Zoning Office 40 11th Street West, Suite 220 Kalispell, MT 59901
Phone: (406) 751-8200 Fax: (406) 758-8210

SIGN AND/OR PROPERTY OWNER: FILE No.: _____

Name: _____ Display Company (if applicable):_____
Mail Address: _____
City/State/ZIP:_____
Phone: _____

LOCATION:

Legal Description: _____ S _____ T _____ R_____ Assessor's # _____
Address _____ CITY _____ MT ZIP _____
Zoning District:_____USE: _____
Scenic Corridor: _____ _____ Side of Highway: _____ Mile Marker:_____
YES *NO*
Setback from R/W to sign: _____ Setback from side property line: _____

DESCRIPTION OF EXISTING STRUCTURE

Height of Structure: _____ Width of Sign Face: _____ Length of Sign Face: _____
Type of Sign: _____ Lighted: _____ _____
(single-faced, double faced, v-type or back to back) *YES* *NO*

DESCRIPTION OF VIOLATION (siting, size, permitting, setbacks, etc.)

Permitted: _____ _____ *(does the structure display a Montana permit number tag)* I.D. #: _____
YES *NO*

_____
_____
_____
_____
_____
_____

** Be advised that by signing this form you will be held accountable to participate in any litigation that is brought forth by the County Attorney as a result of the submittal of this form. You may be called upon to recall the violations that were witnessed first hand. If you do not sign the form then no legal action will be pursued and the complaint will not be looked into any further.*

REPORTING SOURCE:

Name: _____
Mail Address: _____
City/State/ZIP:_____
Phone: _____

Reporting Source Signature _____ Date _____

State Highway Billboard (only) complaints may also be registered with the State of Montana Department of Transportation, using this form. Please complete and mail or FAX to:

Montana Department of Transportation
Right of Way Bureau – Logo Signs & Outdoor Advertising
P.O. Box 201001 Helena, MT 59620-1001
ATT: John Ramsey - Compliance Specialist Phone: 406-444-6067 FAX: 406-444-7254

40 11TH STREET WEST, STE. 220
KALISPELL, MT, 59901
OFFICE 406.751.8200
FAX: 406.751.8210
EMAIL: PLANNINGWEB@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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