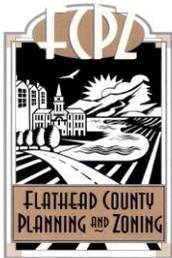


Submitted: In person U.S. Mail Email Fax



Flathead County Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

VIOLATION COMPLAINT FORM

Community Decay Zoning Floodplain Subdivision Lakeshore

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

PHYSICAL ADDRESS OF ALLEGED VIOLATION:

ALLEGED VIOLATION LEGAL DESCRIPTION:

Assessor # : _____ Geocode: _____ COS# _____

Lot/Tract/Block # _____ S _____ T _____ R _____

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 EVIDENCE YOU MAY HAVE.***

REPORTING SOURCE NAME:

REPORTING SOURCE ADDRESS:

REPORTING SOURCE PHONE NUMBER:

REPORTING SOURCE SIGNATURE:

DATE:

**Be advised that by signing this form you may be required to participate in any litigation 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 firsthand. If you do not sign the form then no legal action will be pursued and the complaint will not be looked into any further.*



1035 First Ave West
 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:

Flathead County Planning and Zoning
1035 First Avenue West
Kalispell, MT 59901
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Phone: (406) 751-8200
Fax: (406) 751-8210