

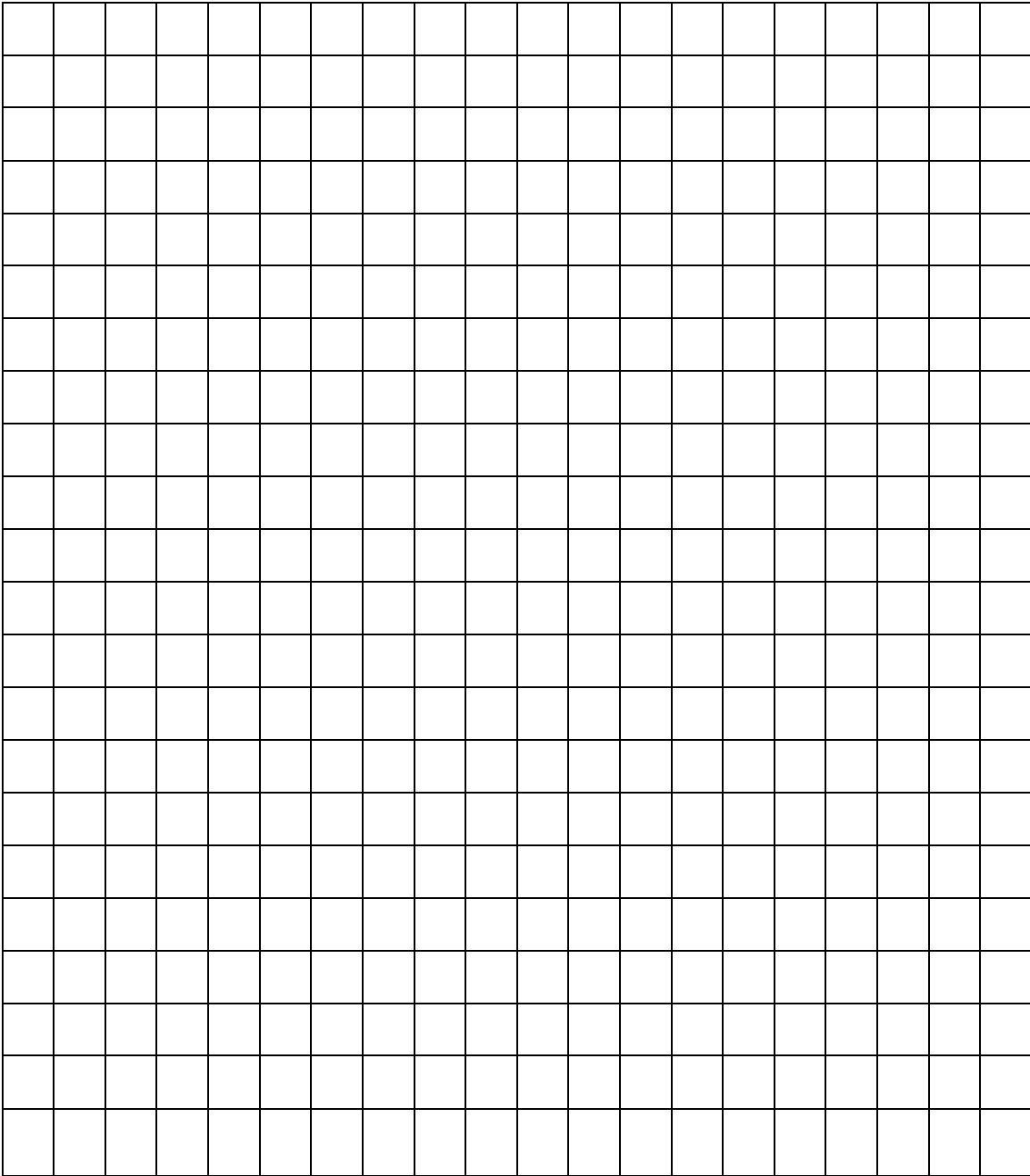
# Apache County Community Development Department

## Referral of Alleged Zoning Violation, Health and/or Safety Concern

<b>Please Provide All Required Information in the Spaces Below</b>	
Name of Complainant: (Your Name)	First: _____ M.I.: _____ Last: _____
Mailing Address:	
Physical Address:	
Telephone Number:	
Property Owner's Name:	First: _____ M.I.: _____ Last: _____
Mailing Address:	
Physical Address:	*
Tax Parcel Number:	
* Please use the grid on the second page to draw a map of the exact location of the violation. If possible include any county road numbers, photos, and other information that would assist in locating and verifying this complaint or concern.	
Describe clearly the facts you have observed which may constitute a zoning, a health concern or a safety concern:	
Date on which this violation was first observed:	
Has this violation continued to the present time: <input type="checkbox"/> Yes <input type="checkbox"/> No Today's Date:	
If this matter goes to court, would you be willing to testify? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If others have observed the same violations and would be willing to cooperate in an investigation of this matter, please put each name, address, and phone number in the space below:	

**When Completed, Please Return This Form To:**  
 Apache County Community Development Department  
 P.O. Box 238  
 St. Johns, AZ 85936

North ↑



South ↓