

TOWN OF COVENTRY
ZONING/WETLANDS COMPLAINT FORM

Date: _____

Please complete and return to:

Town of Coventry
Planning/Zoning/Wetlands Office
1712 Main Street
Coventry CT 06238

Location of the problem property: _____
(Number and Street)

Property Owners Name: _____

Nature of problem (please be specific; provide date and times when possible):

TYPE OF VIOLATION (cite section(s) of zoning regulations): _____

*Complainant: _____ Date: _____

Please call (860) 742-4062 if you have any questions regarding this complaint.

*Signed complaint forms will receive priority over anonymous complaints. As a 'public record or file,' this form will be available to the public for review under the Freedom of Information Act.