



City of Wheeling Zoning Compliance Complaint Form

PROPERTY ADDRESS:

DATE & TIME:

COMPLAINANT'S NAME:

COMPLAINANT'S ADDRESS:

DOES THE COMPLAINANT RESIDE ON THE PROPERTY?

NATURE OF COMPLAINT:

PROPERTY OWNER'S NAME:

PROPERTY OWNER'S ADDRESS:

REFERRED TO:

BUILDING INSPECTOR:

DATE:

ZONING OFFICER:

DATE:

OTHER:

DATE:

CITY REPRESENTATIVE'S SIGNATURE