DAWSON COUNTY
ZONING ENFORCEMENT FORM

Site Information
Property Address where alleged violation is occurring. (If vacant give street and block or other information that would clearly identify the property)
Name of Business/Owner (if known)
Complainant Information (Address & contact information can be left blank if complainant does not want any follow-up information from code administrator)
Name:
Address:
Phone/Email:
Nature of Complaint:
To Be filled out by Staff
Date of Site Visit:
Notes/ Investigative Findings: