
Complaint Number

Date Completed

VILLAGE OF WAYNE
5 N 430 RAILROAD STREET
PO Box 532
WAYNE, IL 60184

COMPLAINT AND ZONING VIOLATION RECORD

Street Address of Suspected Violation: _____

Owner of Property: _____

Violation Reported By: _____

Please note that all names are kept anonymous

Address: _____

Phone: _____ E-mail Address: _____

Description of Violation:

(Please be as specific as possible. Attach additional pages if necessary and photos are encouraged):

For Office Use Only:

Complaint No: _____ Date: _____ Received By: _____
How: phone : counter : e-mail : mail : fax

Referred to: _____ Copy to: _____
Trustee

Action Taken/Date Closed: