



LINN COUNTY PLANNING AND BUILDING DEPARTMENT

Robert Wheeldon, Director

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COMPLAINT FORM

Date: \_\_\_\_\_

**Owner of Property/Person Responsible:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Location of Property Where Alleged Violation Occurred:**

Name: (if different from above): \_\_\_\_\_

Site Address: \_\_\_\_\_

\_\_\_\_\_

Twp [ S ] Range [ ] Section [ ] Tax lot(s) [ ]

Zone: \_\_\_\_\_

**Nature of Complaint:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Per Linn County policy, anonymous complaints will not be accepted. The following information must be provided for the County to act on this complaint. All provided information will be kept confidential. However, the County may be required to disclose this complaint to the court, the parties and their attorneys if legal proceedings result from the activities that form the basis of the complaint.**

**Confidential Complainant:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_