



LINN COUNTY PLANNING AND BUILDING DEPARTMENT

Robert Wheeldon, Director

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VIOLATION COMPLAINT FORM

Date: _____

Owner of Property/Person Responsible:

Name: _____

Mailing Address: _____

Property Location:

Name: (if different from above): _____

Site Address: _____

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

Zoning District: _____

Nature of Alleged Violation(s) (attach additional information if necessary):

Per Linn County Policy 13.100, 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: _____

Email: _____