

Ogle County Planning & Zoning Department

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Oregon, IL 61061
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www.oglecounty.org

STATEMENT BY COMPLAINANT

Date: _____

Complainant (Please Print):

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

It is my knowledge and belief that a violation of the _____ ordinance may exist on the following parcel:

Parcel Number & Brief Legal: _____

Common Location: _____

Property Owner: _____ Tenant/Operator: _____

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City State, Zip: _____

The use and/or activity that I believe to be in violation of the aforementioned Ordinance is as follows:

I further certify that I would () would not () be willing to testify in any court action that may result from the above complaint.

Signature