



PARK COUNTY, MONTANA CITIZEN COMPLAINT FORM

Floodplain Subdivision Water/ Wastewater Zoning Other

Complainant Contact Information:

Name: _____ Phone Number: _____

Mailing Address: _____ Physical Address: (if different): _____

Email: _____ Reply Requested? Yes No

Complaint Information:

Date Observed: _____ Zoning District (if applicable): _____

Complaint Visible from Which Public Road (if applicable): _____

Complaint Location: _____

Name of Responsible Party: _____

Email: _____ Phone Number: _____

Mailing Address: _____ Physical Address: (if different): _____

Detailed description of alleged violation (*please attach appropriate supporting documentation, photos, more pages of detailed description etc.*):

Complainant Signature: _____ Date: _____

THIS COMPLAINT FORM IS PUBLIC RECORD

This form must be signed to be valid. This form may be delivered by mail or email.
Compliance Office 414 E. Callender St, Rm 105 Livingston, MT 59047
Phone (406)922-5692 Email: ASmith@parkcounty.org