## TOWN OF BROOKFIELD LAND USE OFFICE COMPLAINT RECORD

SITE DATA:	Date:
Address:	
Land Owner of Record:	
Nature of Complaint:	Zoning Control Other
Section(s) of Regulations Violated:	
Describe Complaint:	
Date(s) Problem Observed:	
Your name:	Phone #:
Address:	
Signature:	
ENFORCEMENT OFFICER'S NOTES:	
Enforcement Officer Signature:	Date:
File #:	