



City of Whitefish
 Planning & Building Dept
 418 E 2nd St | PO Box 158
 Whitefish, MT 59937
 Phone: 406-863-2410

File #: _____
 Date: _____
 Intake Staff: _____
 Date Complete: _____

REQUEST FOR INVESTIGATION OF POTENTIAL VIOLATION

Area of Concern: _____

Assessor number, legal description, if known: _____

Name of property owner, if known: _____

Your Name*: _____

Contact Telephone Number: _____ Date the Concern was First Observed: _____

Would You Like a Return Call? Yes: _____ No: _____

Type of Concern: (Please check all that apply)

Decayed Property: _____	Dust Abatement: _____	Lakeshore: _____
Snow/Ice Removal: _____	Landscaping: _____	Zoning: _____
Noxious Weeds: _____	Sign Violation: _____	Other: _____
Outdoor Lighting: _____	Junk Vehicle: _____	

Brief Description/Explanation of Concern (Include any other information you believe may assist staff in reviewing the complaint and expediting its review. This could include photos of the violation.):

----- **For City Staff Use Only** -----

How was Complaint Reported?	Date of Site Visit: _____
In Person: _____	Date of Follow-Up: _____
Phone: _____	Recommendation(s): _____ _____ _____
Letter: _____	
Message: _____	
	Status: _____
	Date: _____

* staff will not process anonymous complaints

