

Liverpool Township Zoning

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Valley City, Ohio 44280
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Report of Alleged Zoning Violation

Name (Alleged Violator) _____

Address of Property _____

Property Owner's Phone Number _____

Nature of Alleged Violation: (Be specific, use additional page if necessary)

Section of Zoning Violation Being Violated: _____

Name of Complainant: _____

Address of Complainant: _____

Home Phone _____ Cell Phone _____ Email _____

Signature of Complainant: _____

List Any Evidence Available: _____

List Any Witnesses: _____

Received By: _____

Date: _____