



For Administrative Use Only

Received by: Phone Fax Electronic Post

Complaint ID# _____

GALLATIN COUNTY CITIZEN COMPLAINT FORM

Zoning

Floodplain

Community Decay

Subdivision

Water/Wastewater

Complainant Contact Information

Name: _____ Phone: _____

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

Reply Requested? Yes No

Other Agencies Contacted by Complainant: _____

Additional Complainants or Witnesses: _____

Complaint Information

Zoning district (if applicable): _____

Complaint is visible from which public road (if applicable): _____

Date observed: _____

Complaint Location: _____

Name of Responsible Party: _____ Phone: _____

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

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

Complainant Signature: _____ Date: _____

THIS COMPLAINT FORM IS A PUBLIC RECORD

Mail or fax this completed form to: Gallatin County Compliance Department
311 West Main, Room 108
Bozeman, MT 59715

Phone: 406-582-3775
Fax: 406-582-3776

OR Click the SUBMIT button to email this completed form. If you email the form, please type your name and date in the signature and date fields above.