



Town of Preston  
Town Offices  
389 Route 2  
Preston, CT 06365

ZONING DEPARTMENT COMPLAINT FORM

Date \_\_\_\_\_

Location \_\_\_\_\_  
\_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Complaint / Inquiry \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Signature of Complainant \_\_\_\_\_

Please print name \_\_\_\_\_  
\_\_\_\_\_

TO BE FILLED OUT BY ZONING ENFORCEMENT OFFICER

Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_