



CONDITIONAL USE PERMIT

COMPLAINT FORM

Date: _____

Complainant's Name: _____

Complainant's Address: _____

Complainant's Telephone Number: _____

Address where the activity allowed by Conditional Use Permit is located:

Conditional Use Permit Number: _____

What Condition(s) of the Conditional Use Permit is being violated?

What is the permittee doing or not doing to conform to the conditional use permit?

If additional pages are needed or if you have any pictures or other information concerning this complaint, please attach the information.

Signature of the Complainant: _____

Date

Please submit this form to the City of Kingman Planning and Zoning Division, 310 North Fourth Street, Kingman, or mail it to Planning and Zoning Administrator, City of Kingman, 310 North Fourth Street, Kingman, Arizona 86401.