



The Village of Hartville

202 WEST MAPLE
PO BOX 760
HARTVILLE, OHIO 44632-0760
(330) 877-9222

ZONING COMPLAINT FORM

Name of Complainant: _____ (You may remain anonymous)

Address: _____

Phone: _____ Email: _____

Street Address of Property in Dispute: _____

Nature of Complaint: _____

If needed, can the Zoning Administrator Officer come onto your property? Y N

Complainant's Signature: _____ Date: _____

VILLAGE OF HARTVILLE ACTION

Date of Investigation: _____

Investigation and Evaluation of Complaint: _____

Action taken or recommended: _____

Date response mailed to Complainant: _____

Zoning Inspector's Signature: _____