



**Town of Clover**  
 Development Services  
 114 Bethel Street, PO Box 106  
 Clover, South Carolina 29710

**NUISANCE or ZONING ORDINANCE  
 VIOLATION COMPLAINT FORM**  
*(Allow 7 days minimum for investigation completion)*

Today's Date: \_\_\_\_\_

Date(s) Violation Observed: \_\_\_\_\_

**CITIZEN INFORMATION**

Your Name: \_\_\_\_\_

Your Home Phone: \_\_\_\_\_ Your Cell Phone: \_\_\_\_\_

Your Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

**NON-COMPLIANT PROPERTY ADDRESS INFORMATION** (Provide all known information)

Owner Name: \_\_\_\_\_

Owner Home Phone: \_\_\_\_\_ Owner Cell Phone: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

**TYPE OF OCCUPANCY**

Residential       Commercial       Vacant Lot       Church       Other

**PROBLEM DESCRIPTION** (specific and detailed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that I am a resident of the Town of Clover and that all information provided herein is true and that by signing this form, all the information contained in this document, including your name, becomes part of a public record that the Town of Clover may be compelled by legal means to release.

If this complaint goes to court, would you be willing to testify?       Yes       No

Citizen's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Zoning Dist: _____	Investigation Complete: <input type="checkbox"/>	Citizen Informed of Result: <input type="checkbox"/>
Ordinance Violation Section: _____			
Building Official Signature: _____		Date: _____	