Town of Marion, VA
Department of Zoning and Code Enforcement

Property Maintenance Complaint Form

Date Filed: _____
Filed By:
Name: _____
Address: _____
_____
Phone: _____

May the Town of Marion walk on your property to view alleged violation? Yes or NO

Signature: _____

Location of Alleged Violation
Address:_____
_____

Nature of Alleged Violation: (Be Specific)
_____
_____
_____
_____

Town Use Only

Complaint Confirmed / Unconfirmed on _____
Action Taken: Letter Notice of Violation
Follow up Action to be conducted on _____ Resolved on _____
Number of pictures taken of the property_____