

BERWICK-UPON-TWEED BOROUGH COUNCIL
PLANNING ENFORCEMENT – COMPLAINT FORM

DATE:

COMPLAINANT:

Name _____

Address _____

Phone _____

LOCATION OF COMPLAINT: _____

NATURE OF COMPLAINT _____

OWNER/OCCUPIER ALLEGEDLY CARRYING OUT BREACH (If known)

Name _____

Address _____

WHEN THE PROBLEM STARTED _____

WHAT 'HARM' THE ALLEGED BREACH IS CAUSING _____

IS THE 'HARM' LIKELY TO CONTINUE OR GET WORSE _____