

DEPARTMENT OF PLANNING AND ZONING  
301 King Street, Room 2100, City Hall  
Alexandria, VA 22314  
703-746-4333

Affidavit  
Statement of Zoning Violation

STATE OF VIRGINIA, CITY OF ALEXANDRIA, to wit:

This day personally appeared before me \_\_\_\_\_ who,  
after first being duly sworn, deposed and said as follows:  
*Name*

1. That he/she resides at \_\_\_\_\_  
*Address*

and may be reached at the following telephone numbers:

\_\_\_\_\_ *Home* \_\_\_\_\_ *Work*

2. That at \_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_,  
*Time Day Date*

he/she personally observed the following occurrence or condition:  
*(Describe occurrence or condition in detail, including information identifying individuals or business responsible for the occurrence or condition.)*

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

3. That, subject to paragraph 4, all of the foregoing information is submitted in confidence with respect to an active administrative investigation of a possible violation of the City of Alexandria Zoning Ordinance.

4. That in the event administrative and/or court proceedings are initiated against any party responsible for the occurrence or condition reported above, he/she will, upon reasonable notice, appear at such proceedings and testify on behalf of the City of Alexandria.

Subscribed and sworn to before me by \_\_\_\_\_  
*Signature*

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*