

Edenville Township

Form G 2-2003

Date Received:

Citizen Complaint Form
(Complainant's Name and Signature Optional Information)

Received By: _____

Name:
Address:
Complaint's Signature

Phone Number:

Procedure:

1. Return: Edenville Township Office (Drop off) or Fax: (989) 689-6151
P.O. Box 24
Edenville, MI 48620

2. Complaint: (provide details such as name, address, location of complaint, etc)

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3. Date Enforcement Officer Received Complaint: _____
Comments:

4. Township Board Comments:

Inspection Made: Yes___ No___ Pictures Taken or Video: Yes___ No___

Letter Mailed: Yes___ If Yes, Date Mailed_____ No___

Violation Notice Issued: Yes___ No___ Date Issued:_____

Result: _____

Enforcement Officer Tim Smith (989) 835-4372

Form Number: G-2-2003 Date Resolved: _____

Board Approved Yes Date 10-7-2003