

Edenville Township Citizen Complaint Form

Date Received: _____

Complaint No. _____

Received By: _____

Name and Signature of person filing the complaint (Optional)

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Complaint: (Please also include any known details such as name, address or closest cross street, etc.)

Name: _____

Address: _____

Please Note: Complaints are retained for seven years in accordance with Michigan Department of History, Arts and Libraries General Retention Schedule #25.

Return this form to:

Edenville Township Office

P.O. Box 24	Phone: 989-689-3655
467 Moore St.	FAX: 989-689-6151
Edenville MI 48620	E-mail: clerk@edenvilletwp.org

Intake Comments: _____
