

NUISANCE COMPLAINT FORM

TAX INDEX # _____

COMPLAINT LOCATION _____
(PROPERTY ADDRESS) (ZIP)

DATE(S) VIOLATION OCCURRED _____

COMPLAINT (Check all areas that apply. We will take dated pictures of violation upon investigation)

___ TRASH / DEBRIS ___ EXCAVATION ___ SNOW PLOWING / ROAD DEBRIS ___ DRAINAGE ___ OTHER
___ NON-OPERATING VEHICLES(S) WITH NO CURRENT REGISTRATION ___ DANGEROUS STRUCTURE

BRIEF DESCRIPTION _____

NAME OF COMPLAINANT _____	
ADDRESS _____	PHONE _____
***By my signature, I affirm I have read and agree to the policy & instructions of this complaint form	
SIGNATURE _____	DATE _____

OFFICE USE ONLY – DO NOT WRITE BELOW

(DATE OF RECEIPT) (TOWNSHIP REPRESENTATIVE)

OWNER'S NAME (TO BE FILLED OUT BY TOWNSHIP OFFICE)

OWNER'S MAILING ADDRESS IF DIFFERENT FROM COMPLAINT LOCATION

_____ **Foreclosure / Bankruptcy / Abandoned Property**

ACTION TAKEN BY TOWNSHIP – (Attached additional sheets as needed)

Date _____ FOLLOW UP LETTER SENT Date _____ COMPLAINT CLOSED