

Davison Township

COMPLAINT FORM

Complaint Information

The following information must be completed in order to follow-up on complaints. No personal information is given out without your consent or a FOIA.

Date:	Time:
Name:	Address:
Phone #	Email:

Violation Information

Violation Address:
Violators Name (if known)

Details of Complaint:

Violation visible from a public street/road <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the department have permission to enter onto your property/easement to investigate the complaint <input type="checkbox"/> Yes <input type="checkbox"/> No

I/we understand that this form will become a part of the file and may become Court Evidence

_____ Signature	_____ Date
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Davison Township Use Only:

Received By: _____	Date Stamped:
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