

Edenville Township Citizen Complaint Form

Date Received: _____

Received By: _____

Name and Signature of person filing the complaint (Optional)

Name: _____ Phone: _____

Address: _____

Signature: _____

Procedure:

1. Return this form to Edenville Township Office
P.O. Box 24
Edenville MI 48620

Or drop off at the office, Or FAX to: 989-689-6151

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

3. Date Enforcement officer received complaint: _____

Comments: _____

4. Township Board Comments: _____

Inspection made: Yes ___ No ___ Pictures or Video taken: Yes ___ No ___

Letter mailed: Yes ___ No ___ If yes, date mailed: _____

Violation notice issued: Yes ___ No ___ If yes, date issued: _____

Result: _____

Enforcement Officer Neil Froncek