

Berlin Charter Township

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COMPLAINT FORM

DATE: _____ SUBJECT NAME: _____

LOCATION: _____

COMPLAINT: _____

PHONE CALL COMPLAINT: _____ COMPLAINANT'S PHONE #: _____

COMPLAINANT'S SIGNATURE: _____

COMPLAINANT'S ADDRESS: _____

Do not write below this line ~ office use only

VERIFICATION OF THE COMPLAINT REVEALED THE FOLLOWING:

BLIGHT _____ ZONING _____ WEED _____ BUILDING _____

