



MACOMB TOWNSHIP
54111 BROUGHTON ROAD
MACOMB MI 48042

TEL: (586) 992-0710
FAX: (586) 992-0720

COMPLAINT FORM

I WISH TO MAKE A COMPLAINT AGAINST THE FOLLOWING:

Property Owner's Name

Date

Address

Nature of
complaint _____

Date and time this was
observed _____

Do you have pictures of the condition you observed? _____

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR FOLLOW UP ON COMPLAINT:

Complainant's Name (please print)

Telephone Number

Address

Signature

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Date Received

Date Inspected

Comments: _____

REPLY LETTER DATE _____

VIOLATION NOTICE DATE _____

ISSUE TICKET DATE _____