



Macomb Township

Building Department

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ORDINANCE 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 _____

Can the violation be witness from your property? _____

I authorize the Code Enforcement Officer to access my property for violation verification. _____

Complaint information is not released to anyone and will only be used for follow up purposes:

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 _____