

**COMPLAINT FORM**

DATE: \_\_\_\_\_ COMPLAINT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COMPLAINT LOCATION: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NATURE OF THE COMPLAINT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOWNSHIP REPRESENTATIVE: \_\_\_\_\_

REMEDIES REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLAINT FEE DUE: \$50.00**

DATE PAID: \_\_\_\_\_