

SUMMERFIELD TOWNSHIP ZONING/ORDINANCE COMPLAINT FORM

Unsigned Complaints/Anonymous Complaints WILL NOT BE INVESTIGATED

Photos must be submitted before investigation begins

If assistance is needed contact our office at (989)-539-2501

Office Hours: Wednesdays, 11am-3pm

DATE: _____

Location of Violation (Address) _____

Name of Complainant: _____ Phone: _____

Address: _____ City/Zip: _____

Signature of Complainant: _____

EXPLAIN COMPLAINT IN DETAIL

For Summerfield Township Use Only

Date Received: _____ Zoning/ordinance Reviewed by: _____

Photos Submitted? (circle one) Yes No

Name/Address and Signature of complainant? (circle one) Yes No **(Process Ends)**

Parcel Number of location of violation: _____

Any prior violations/repeat offender? (circle one) Yes No

Action Taken: _____

Date Action Taken: _____