

ZONING / CODE ENFORCEMENT COMPLAINT FORM

SUBJECT OF COMPLAINT (Person or Property complaint is about)

Name: _____ Phone: _____

Address: _____

Nearest Intersection: _____

Tax Parcel Number: _____

Nature of Complaint: _____

COMPLAINANT* (Person submitting complaint) Today's Date: _____

Name (print): _____ Phone: _____

Address: _____

**Anonymous Complaints will not be accepted*

Do not write below this line. For staff use only.

Staff Member Taking Complaint: _____

Zoning Designation: AG, R-1, R-2, R-3, MH, C-1, C-2, Industrial, PUD

Alleged Code (s) Violated / Comments: _____

Forwarded to: Municipal Services Police Fire Manager Clerk/Treasurer

Date Forwarded: _____

INITIAL INSPECTION			
Inspection By:		Date:	
Was Site in Violation? (Yes/No)			
What Code(s)			
Notice Mailed (Yes/No)		Date:	
Notice Posted at Site (Yes/No)		Date:	
FOLLOW-UP INSPECTION & ACTION			
Was Compliance Reached? (Yes/No)		Date:	
Action Taken by Village			
Comments			

Village of Howard City*125 Shaw Street; P.O. Box 510*Howard City, MI 49329

Phone: (231) 937-4311*Fax: (231) 937-6643

Hours: M-F 8:00 a.m.-12:00 p.m. & 12:30 p.m.- 4:30p.m.