

**Ordinance Violation Complaint Form
Climax Township**

Supervisor@climaxtownship.org

Describe the violation / complaint in detail	
Name of property owner	_____
Property address	_____
Location on the property	_____
<i>(Note : We can NOT trespass to confirm complaint)</i>	

Name of person filing complaint	_____
Address	_____
Phone number	_____
Signature	_____
Date	_____
<i>(Anonymous complaint will not be accepted)</i>	

FOR OFFICE USE ONLY:

Ordinance Enforcement Officer Signature _____

Date Received _____

Ordinance # _____

Violation _____