Ordinance Violation Complaint Form Climax Township

Climax Cownship
110 North Main Street
PO Box 369
Climax, MI 49034
(269) 746 - 4103
OR (269) 746 - 5572

Supervisor@climaxtownship.org

Describe the violation	complaint in detail		
			, <u>, , , , , , , , , , , , , , , , , , </u>
Name of property owne	er		
Property address	WARRANCE CO.		
Location on the propert	у		
		(<u>Note</u> : We can NOT trespass	s to confirm complaint)
·			
Name of person filing co	omplaint		
Address			
Phone number			
Signature			
Date	***************************************		
		(Anonymous complaint	will not be accepted)
FOR OFFICE USE ONL	<u>Y</u> :		
Ordinance Enforcement	Officer Signature		
	Data Bassins		
	Date Received		
ordinance #	Violation		