

Nimishillen Township Complaint Form
Zoning Office Form

*Date of claim: _____

*Address of possible violation: _____

Description of violation:

Complainant Information:

Printed Name _____
Address _____
Phone number _____

I _____ hereby grant the township permission to access my property
Complainant Name
for the purpose of inspecting a violation.

All the information above must be completed prior to form submission

-----Do not write below this line for office use only -----

Date Received _____

Received by _____