

BROOKS TOWNSHIP COMPLAINT FORM

1. Clearly describe the precise nature of your complaint. Please be specific and provide only relevant facts such as: the date and/or time of occurrence, describe how long the condition has existed.
2. Please omit any personal opinion or commentaries, hearsay from other parties or information that does not impact or contribute to your description of the exact nature of your complaint.
3. Please attach any additional documentation you can to assist us in the initial review and assessment of your complaint. (Pictures, names and phone numbers, or witnesses willing to testify in court should legal action become necessary.)

INFORMATION ABOUT REFERRING PARTY

Your name: _____
Address: _____
Phone: Home: _____ Cell: _____
E-mail: _____

INFORMATION ABOUT PROPERTY OWNER

Owner Name: _____
Address/Location of Complaint: _____
Direction to site: _____

NATURE OF PROBLEM

Has the problem been discussed with the responsible party? Yes _____ No _____

Complaint's Signature: _____ Date: _____

NOTE: This will be considered a formal complaint when signed and returned.

Return this completed form to: Brooks Township Zoning Administrator
PO Box 625
Newaygo, MI 49337