

ALBERT TOWNSHIP ZONING  
P.O. BOX 153  
4360 HANSEN ST.  
LEWISTON, MI 49756  
(989)786-82513

**COMPLAINT FORM**

DATE: \_\_\_\_\_ # \_\_\_\_\_

I wish to make a complaint regarding the following premises:

ADDRESS: \_\_\_\_\_

OCCUPANT: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Description of complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLAINANT: \_\_\_\_\_

Signature (Confidentiality is not guaranteed should legal action ensue)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Freedom of Information requests will be accepted and processed should complainant want a written disposition on action taken.

DATE(S) OF INVESTIGATION: \_\_\_\_\_ BY: \_\_\_\_\_

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZONING ADMINISTRATOR \_\_\_\_\_

STATUS: \_\_\_\_\_

ENFORCEMENT OFFICER \_\_\_\_\_

ENFORCED: \_\_\_\_\_