

WRIGHT TOWNSHIP

COMPLAINT FORM

DATE: _____

COMPLAINT FILED AGAINST

NAME: _____

ADDRESS: _____

PERMANENT PARCEL # _____

COMPLAINT: _____

COMPLAINT FILED BY: _____

PLEASE RETURN TO:
WRIGHT TOWNSHIP
P.O. BOX 255
1565 JACKSON ST.
MARNE, MI 49435

PHONE: 677-3048
FAX: 677-3046

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FOR OFFICE USE ONLY

NAME AND ADDRESS OF PROPERTY OWNER(S) (LIST BOTH HUSBAND & WIFE)

DATE RECEIVED: _____ BY: _____

DATE ISSUED TO ZONING ADMINISTRATOR: _____

FINDINGS: _____

ACTION

TAKEN: _____
