

WRIGHT TOWNSHIP COMPLAINT FORM

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

**DEFENDANT/RESPONSIBLE PARTY**

NAME: \_\_\_\_\_

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

PARCEL NUMBER(S): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**COMPLAINANT: (MAY BE ANONYMOUS)**

NAME: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_

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

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



*FOR OFFICE USE ONLY*

**ACTION TAKEN:**

DATE: \_\_\_\_\_ DONE BY: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

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