

ZONING COMPLAINT OF VIOLATION FORM

Please read this form in its entirety before completing. Failure to provide the requested information and signature may result in denial of your requested investigation into the complaint. It is suggested you first contact the person about whom you have a complaint to see if a settlement can be reached.

I. Complainant Information (information about you)			
YOUR NAME: (Last, First, Middle Initial)	E-MAIL ADDRESS:		
YOUR PHYSICAL ADDRESS:	CITY:	STATE: ZIP CODE:	
Preferred Method of Contact:	TELEPHONE NUMBER;	DATE:	
Telephone Postal Mail E-Mail			

II. Complaint Information (who the complaint is against)

NAME OF INDIVIDUAL COMPLAINT IS REGARDING:			
PHYSICAL ADDRESS OF SUSPECTED VIOLATION:	CITY:	STATE:	ZIP CODE:
DESCRIPTION OF SUSPECTED VIOLATION OF THE GLEN ARBOR ZONII	NG ORDINANCE:		
Have you contacted the individual regarding your complaint?	Yes	No	
If yes, what was the result? (Please provide copies of any documents related	to the above complaint):		

I understand this form is a public record under 1976 PA 442, the Freedom of Information Act, and that the Township may be sending a copy of this form to the person complained against with required redactions.

YOUR SIGNATURE: DATE:

FOR OFFICIAL	USE ONLY
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ACTIONS OF THE ZONING ADMINISTRATOR

Complaint Number: _____

1.	Review of	the	complaint	indicates:
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____ No violation of the provisions of the Glen Arbor Zoning Ordinance.

_ There may be a violation of the following provision of the Glen Arbor Zoning Ordinance (cite as appropriate):

2. Inspection of premises indicates:

_____ No violation of the provisions of the Glen Arbor Zoning Ordinance.

_____ Violation(s) of the following provision of the Glen Arbor Zoning Ordinance:

Date(s) of inspection:	
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3. Action(s) on complaint:

	No enforcement action taken as no violation was found. Complainant was notified that no violation was found.	
	Date of Notification:	Notified via:
	Actions taken on the following dates:	
	Type of actions taken:	
File Closed: _		

Zoning Administrator (Signature)

Date