

ZONING / CODE ENFORCEMENT/ORDINANCE/ GENERAL COMPLAINT FORM

SUBJECT OF COMPLAINT (Person or Property complaint is about)

Name: _____ Phone: _____

Address: _____

Nearest Intersection: _____

Tax Parcel Number: _____

Nature of Complaint: _____

COMPLAINANT* (Person submitting complaint) Today's Date: _____

Name (print): _____ Phone: _____

Address: _____

**Anonymous Complaints will not be accepted*

Do not write below this line. For staff use only.

Staff Member Taking Complaint: _____

Zoning Designation: R-MH Mobile Home, R-R Agriculture, R-80 Residential, R-A Apartment District, R-3, B-C Commercial, M-2 Industrial, PUD

Alleged Code (s) Violated / Comments: _____

Forwarded to: DPW Police Manager Assistant Manager/Clerk Treasurer/Billing Clerk

Date Forwarded: _____

INITIAL INSPECTION			
Inspection By:		Date:	
Was Site in Violation? (Yes/No)			
What Code(s)			
Notice Mailed (Yes/No)		Date:	
Notice Posted at Site (Yes/No)		Date:	
FOLLOW-UP INSPECTION & ACTION			
Was Compliance Reached? (Yes/No)		Date:	
Action Taken by City			
Comments			

City of Grant
280 S. Maple St.
P.O. Box 435
Grant, MI 49327