

**WEST BRANCH TOWNSHIP  
OGEMAW COUNTY, MICHIGAN  
Blight Violation Complaint Form**

**Location of Possible Blight Violation:**

Address: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Owner Phone #: \_\_\_\_\_ Property Parcel #: \_\_\_\_\_

Please describe all possible violations in detail:

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

**Complainant Information:**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*NOTE: Anonymous or unsigned complaints WILL NOT be investigated. \*\***

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Date Application received by Blight Enforcement Officer: \_\_\_\_\_

Date of Field Inspection: \_\_\_\_\_ Follow up Inspection Date: \_\_\_\_\_

Blight Ordinance Violation (Section #, Subsection #):

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

Field Inspection Notes: (Attach pictures or other information separately)

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

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

