

Sherman Township

2168 S Wisner
Fremont MI 49412

COMPLAINT FORM

Date: _____

Person or firm registering complaint: _____

Nature of complaint: _____

Location of violation: _____

Street & number

Name & mailing address of person in violation: _____

Phone number: _____

Complaint must be signed to be valid: _____

Signature

Received by: _____ (zoning administrator) Date: _____

Report of investigation: _____

Date of investigation: _____ Investigated by: _____ Title: _____