

Clifford Township Request Form

Date: _____

Issue of Concern/Complaint

Name of person issuing concern/complaint: _____

Mailing Address _____
(include street, city, state, & zip)

Township property address: _____

Telephone #: _____ Alternate# _____

Nature of concern/complaint:

Where is this activity or situation occurring?

(Please include road name, distance from closest intersecting road, lot number, subdivision, etc)

Who or what is causing this activity or situation?

Do you wish this Concern/Complaint to be confidential?

Yes _____ No _____

Signature of person issuing concern/complaint

Please complete the information requested and sign this form to submit your issue of concern.
Completed forms will be forwarded to the proper official for resolution or review by the Board of Supervisors.
Forms that are incomplete will not be processed.