

# COMPLAINT FORM

Issued by: Webber Township

2286 W. Spring Time St. Baldwin MI 49304

Zoning Administrator Phone: (231) 349 – 4876

Zoning Administrator Email: [webbertwpsupv@gmail.com](mailto:webbertwpsupv@gmail.com)

Zoning Administrator: Joan Cameron

Complainant (person filing complaint) \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Previous Complaint History (office use only): \_\_\_\_\_

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

Nature of Complaint: \_\_\_\_\_

Complaint Number: \_\_\_\_\_

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

Complaint Logged Against: \_\_\_\_\_

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

Signature of Complainant \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Parcel ID #: \_\_\_\_\_

Date Inspected: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_