

DINGMAN TOWNSHIP

Complaint Form

PLEASE PRINT

Location of complaint: _____

Name of owner: _____

Subdivision: _____ Section: _____ Lot: _____ Block: _____

Description of Complaint: _____

List evidence that supports your claim of a violation: _____

IT IS DINGMAN TOWNSHIP'S POLICY TO INVESTIGATE AND ACT UPON ANY COMPLAINT THAT IS FILED WITH THE TOWNSHIP. THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED TO BE CONSIDERED A LEGITIMATE COMPLAINT.

PLEASE PRINT

TOWNSHIP WILL DETACH BOTTOM SECTION FOR THEIR RECORDS

Complainant: _____

Address: _____

Phone #: _____

Signature of complainant: _____ Date: _____

ALL COMPLAINTS WILL BE ACTED UPON WITHIN 30 BUSINESS DAYS FROM THE DAY THE COMPLAINT WAS FILED!
PLEASE INCLUDE A SKETCH OF THE VIOLATION ON THE BACK OF THIS FORM.

FOR TOWNSHIP USE ONLY

Site Inspection: Yes No

Photos Taken: Yes No

Inspected By: _____

Date of Inspection: _____

Results of Site Inspection: _____

Action Taken: _____
