

CHARTER TOWNSHIP OF COMSTOCK
ATTN: ORDINANCE OFFICER
P.O. BOX 449, COMSTOCK, MI 49041-0449
EMAIL TO: ordofficer@comstockmi.gov or
superintendent@comstockmi.gov



Save a copy of this form and use it as an attachment to send by email or regular mail or personal delivery.

CASE # _____ DATE ENTERED _____ BY _____
PHONE REQUEST _____ WALK-IN _____ STAFF _____

COMSTOCK TOWNSHIP COMPLAINT FORM

This complaint form is subject to disclosure under the Freedom of Information Act (FOIA) and is considered a public record. If you desire a call back, you may include your name and phone number. However, you may file anonymously.

DATE FILING COMPLAINT: _____

LOCATION OF PROPERTY ADDRESS: _____

PLEASE CHECK THE FOLLOWING CONDITIONS REPORTING TO THIS OFFICE FOR INVESTIGATION:

_____ OPEN BURNING	_____ GARBAGE	_____ HOUSING
_____ TALL GRASS	_____ DEAD TREES	_____ NOISE
_____ LITTER/TRASH	_____ BRUSH PILE	_____ JUNK AUTO(S)

PRINT NAME: _____ PHONE NUMBER: _____

HOUSING COMPLAINT- tenants will be requested to first contact the landlord in writing prior to filing a complaint with the township office (a copy of written request to owner/landlord should be submitted with this form).

DESCRIBE THE CONDITIONS AFFECTING THE PROPERTY (CONTINUE ON PAGE TWO IF NEEDED):
