MECOSTA COUNTY

BLIGHT ORDINANCE COMPLAINT FORM

CHIPPEWA TOWNSHIP

MECOSTA COUNTY, MICHIGAN

COMPLAINTANT'S NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

STREET ADDRESS OF COMLAINT: _____

OWNERS NAME: _____

Briefly describe the nature of complaint. Be specific. Example: unlicensed vehicles, garbage, metal junk piles, etc.....

_____

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_____ _____

Signature of Complainant Date

Please return completed and signed complaint form to:

Chippewa Township, Supervisor
Shirley Hazen
P.O. Box 26
Chippewa Lake, MI 49320 OR
Shirley@Chippewatwp.org