

Ordinance Violation Complaint

Burr Oak Township

Date: _____

Address/Location of Violation: _____

Property Owner/Occupant: _____

Description of Violation: _____

Name of Complainant: _____

Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____

For Office Use Only

Date Received: _____

Received By: _____