Norman Township

Complaint Form

Date: _____ ___ Phone ___ Email ___ Walk-in ___ Mail ___ Other

Contact Information:

_____ _____
First Name Last Name

_____
Address

_____ _____ _____
City State Zip

_____ _____
Phone number Email Address

Please indicate the nature of your problem by checking the appropriate box(es) below:

☐ Abandoned vehicles ☐ Signs ☐ Trash/Litter

☐ Trash Containers ☐ Overhanging Trees/Shrubs ☐ Illegal Parking

☐ Damaged sidewalk ☐ Grass/Weeds ☐ Blight

Brief Description (or other problem not listed):

_____

_____

_____

_____

_____

Location of Problem:

_____

_____

Is the property occupied? _____ Yes _____ No

Are there dogs on the property? _____ Yes _____ No

Permission to view subject property from your property? _____ Yes _____ No

Do you wish for us to follow up with you as to the status of this case? _____ Yes _____ No

Signature _____

Complaint form must be signed to be valid and to acted upon.