



CODE ENFORCEMENT COMPLAINT FORM

**Mail or
Email to:**

Mail: ATTN: Building and Zoning - Lake Angelus · McKenna · 235 East Main Street, Suite 105, Northville, MI 48167
Email: lakeangelus-complaints@mcka.com

SECTION 1: COMPLAINT INFORMATION												
Date:												
Alleged Violation Address:												
Owner of Property (if known):												
Property Type (Check One): <input type="checkbox"/> Non-Residential <input type="checkbox"/> Residential												
Nature of Complaint (Check all that apply): <table><tr><td><input type="checkbox"/> Grass</td><td><input type="checkbox"/> Occupancy</td></tr><tr><td><input type="checkbox"/> Debris/Trash</td><td><input type="checkbox"/> Permit</td></tr><tr><td><input type="checkbox"/> Signage</td><td><input type="checkbox"/> Vehicle</td></tr><tr><td><input type="checkbox"/> Pests/Insects</td><td><input type="checkbox"/> Trees</td></tr><tr><td><input type="checkbox"/> Parking</td><td><input type="checkbox"/> Other:</td></tr><tr><td><input type="checkbox"/> Zoning</td><td>_____</td></tr></table>	<input type="checkbox"/> Grass	<input type="checkbox"/> Occupancy	<input type="checkbox"/> Debris/Trash	<input type="checkbox"/> Permit	<input type="checkbox"/> Signage	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Pests/Insects	<input type="checkbox"/> Trees	<input type="checkbox"/> Parking	<input type="checkbox"/> Other:	<input type="checkbox"/> Zoning	_____
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<input type="checkbox"/> Zoning	_____											
Description of Violation (If Necessary):												
Location (Check All That Apply): <table><tr><td><input type="checkbox"/> Interior</td><td><input type="checkbox"/> Street Side</td></tr><tr><td><input type="checkbox"/> Exterior</td><td><input type="checkbox"/> Side Yard</td></tr><tr><td><input type="checkbox"/> Lake Side</td><td></td></tr></table>	<input type="checkbox"/> Interior	<input type="checkbox"/> Street Side	<input type="checkbox"/> Exterior	<input type="checkbox"/> Side Yard	<input type="checkbox"/> Lake Side							
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<input type="checkbox"/> Lake Side												

SECTION 2 (required): REPORTING PARTY INFORMATION
Name:
Address:
Phone:
If necessary, may the property maintenance inspectors have permission to enter your property to view the subject violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please sign:
Have you contacted the property owner directly to communicate your concern? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? Please explain:

Form will not be reviewed with out required Reporting Party Information.
No phone call complaints shall be accepted. This is the only process for reporting alleged violations. You may print, fill out the form, and mail it to the above address if preferred.

FOR OFFICE USE ONLY	
DATE RECEIVED:	ACTION TAKEN:
RECEIVED BY:	ASSIGNED TO:
COMMENTS:	