

MECOSTA COUNTY
BLIGHT ORDINANCE COMPLAINT FORM
CHIPPEWA TOWNSHIP
MECOSTA COUNTY, MICHIGAN

COMPLAINANT'S NAME: (Optional) _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

STREET ADDRESS OF COMPLAINT: _____

OCCUPANT'S NAME (IF KNOWN): _____

OWNERS'S NAME (IF KNOWN): _____

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

Signature of Complainant (Optional)

Date

Please return completed complaint form to:

CHIPPEWA TOWNSHIP
Shirley Hazen, Supervisor
P.O. BOX 26
CHIPPEWA LAKE, MI 49320