

COMPLAINT REPORT FORM

VILLAGE OF WEBBERVILLE

Zoning Administration

115 S. Main St., P.O. Box 389

Webberville, MI 48892

PH: 517.521.3984

Fax: 517.521.3165

1. Date: _____

2. Homeowner Info: _____

Location of Complaint: _____

3. Property ID #: _____

4. Complaint Type: _____

High Grass / Weeds

House / Business Board Ups

Refuse Removal

General Cleaning

Other: _____

5. Ordinance / Section #: _____

6. Previous Violation Issued Y / N: _____

7. Previous Complaint Y / N: _____

8. Resident initiating complaint:

Name _____

Address _____

Phone _____

9. Date of Investigation: _____

10. Investigator Name: _____

11. Findings/Action taken _____

12. Ticket Issued Y / N: _____

13. Ticket #: _____

14. 5 – Day Abatement Notice Left Y / N: _____

15. Time Notice Left: _____

16. How Long to Complete / Follow-up: _____

17. Inspector addressing complaint: _____