

**ZONING OR BUILDING DEPARTMENT  
COMPLAINT FORM  
SALEM TOWNSHIP MICHIGAN**

**DATE** \_\_\_\_\_

**COMPLAINT** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME AND CONTACT INFORMATION**

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\_\_\_\_\_  
\_\_\_\_\_

**ZONING DEPARTMENT** \_\_\_\_\_ **BUILDING DEPARTMENT** \_\_\_\_\_

**ENFORCEMENT ORDINANCE NUMBER** \_\_\_\_\_

**ACTION TAKEN AND/OR RECOMMENDATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE AND DATE** \_\_\_\_\_  
\_\_\_\_\_