

6767 Main Street  
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**Caseville Township**   
**VIOLATION COMPLAINT FORM**

Site Plan/Zoning

Nuisance

**LOCATION OF COMPLAINT:**

Address: \_\_\_\_\_

Occupant: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**REASON FOR COMPLAINT:**

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

**COMPLAINANT:**

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_  Do Not Use Name

For Office Use Only:

Date received: \_\_\_\_\_ Date forwarded to officer: \_\_\_\_\_

Disposition: \_\_\_\_\_

Copies to Supervisor for distribution