

Charter Township of Filer

Complaint Form

Date: _____ Phone ___ Email ___ Walk-in ___ Mail ___ Other

Contact Information:

First Name

Last Name

Address

City

State

Zip

Phone number

Email Address

Please indicate the nature of your problem by checking the appropriate box(es) below:

- | | | |
|---|---|--|
| <input type="checkbox"/> Abandoned vehicles | <input type="checkbox"/> Signs | <input type="checkbox"/> Trash/Litter |
| <input type="checkbox"/> Trash Containers | <input type="checkbox"/> Overhanging Trees/Shrubs | <input type="checkbox"/> Illegal Parking |
| <input type="checkbox"/> Damaged sidewalk | <input type="checkbox"/> Grass/Weeds | <input type="checkbox"/> Blight |

Brief Description (or other problem not listed):

Location of Problem:

Is the property occupied? ____ Yes ____ No

Are there dogs on the property? ____ Yes ____ No

Permission to view subject property from your property? ____ Yes ____ No

Do you wish for us to follow up with you as to the status of this case? ____ Yes ____ No