

# 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

Signature \_\_\_\_\_

***Complaint form must be signed to be valid and to act upon.***