

**ORDINANCE COMPLAINT FORM
IRA TOWNSHIP
7085 MELDRUM RD.
FAIR HAVEN, MI 48023
586-725-0207**

Date of Complaint: _____

Location of Complaint: (MUST HAVE AN ADDRESS)

Nature of Complaint and Sec. of Ordinance:

PLEASE NOTE: Ira Township has an established policy that all complaints must be in writing.

If you wish to remain anonymous, please check box and initial: Yes { } No { }

The information that I have provided is true and correct to the best of my knowledge.

Complainant's Signature: _____

Address: _____

Telephone: _____

OFFICE USE ONLY

Date Received: _____ Received By: _____

Case Number: _____ / _____ / _____ Assigned To: _____

