

SIDNEY TOWNSHIP

P.O.Box 141, Sidney MI 48885

989-328-3535

sidneytownship@gmail.com

CITIZEN COMPLAINT FORM

I wish to make a complaint against:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

The address where the complaint exists: (Please include directions to property)

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

The complaint is:

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

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Township Use Only

Date: \_\_\_\_\_

Log Number: \_\_\_\_\_