

HAYES TOWNSHIP ZONING

ZONING / CODE ENFORCEMENT COMPLAINT FORM

SUBJECT OF COMPLAINT (Person or Property that the complaint is about)

Name _____
Address _____
Phone _____ Tax Parcel Number: **15-011-** ___ - ___ - ___
Nearest Intersection _____
Nature of Complaint _____

COMPLAINANT (Person submitting complaint)

Date of submittal _____
Name _____
Address _____
Phone _____ Email address _____

Do not write below this line. For staff use only.

Complaint Number: **C2010** - ___ Staff Member Taking Complaint _____
Alleged Code(s) Violated / Comments _____

Forwarded to (note date):

Twp Attorney _____ Chx. Co. Sheriff _____ Animal Control _____
Twp Board _____ Chx. Co. Bldg Dept. _____ Other _____

INITIAL INSPECTION

Inspection By: Date: _____ Was Site in Violation? What Code(s) _____
Notice Mailed? Date: _____ Notice Posted at Site? Date: _____

FOLLOW-UP INSPECTION & ACTION

Was Compliance Reached? _____ Date: _____

Action taken by Township

Comments