

FARMINGTON TOWNSHIP ZONING COMPLAINT
AND INVESTIGATION FORM

Date:

Time:

Received By:

Property Owner Information

Name:

Address:

Phone:

Nature of Complaint:

Complaining Party:

Name:

Address:

Phone:

Investigator's Report

Date:

Time:

Spoke To:

Condition Found

Complaint Valid: Yes _____ No _____ Cannot determine at this time _____

Photos? Yes _____ No _____ Zoning Inspector Signature _____