

MILLINGTON TOWNSHIP ZONING ORDINANCE COMPLAINT FORM

I _____ WOULD LIKE TO FORMALLY LODGE A COMPLAINT.

AT THE FOLLOWING ADDRESS: _____

REASON FOR SAID COMPLAINT: _____

YOUR ADDRESS: _____

LANDLINE #: () _____ CELLPHONE #: () _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS DOCUMENT TO ROGER LEACH, ZONING ORDINANCE ADMINISTRATOR
8553 STATE STREET (P.O. BOX 247) in MILLINGTON, MI 48746

ZONING ORDINANCE ADMINISTRATOR'S NOTES:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. A vertical margin line is positioned on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled document. There are no markings, text, or drawings on the page.