MILLINGTON TOWNSHIP ZONING ORDINANCE COMPLAINT FORM

_____ WOULD LIKE TO FORMALLY LODGE A COMPLAINT

AT THE FOLLOWING ADDRESS: _____

_____

REASON FOR SAID COMPLAINT: _____

_____

_____

_____

YOUR MAILING ADDRESS: _____

_____

EMAIL: _____ PHONE#:(____) _____

SIGNATURE:_____DATE:_____

PLEASE RETURN THIS DOCUMENT TO MILLINGTON TOWNSHIP
8553 STATE STREET {P.O. BOX 247) MILLINGTON, MI 48746

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ZONING ORDINANCE ADMINISTRATOR'S NOTES:

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