



# CLAY TOWNSHIP CODE ENFORCEMENT

## Preliminary Complaint Report

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

- Phone
- Walk In
- Office
- Drive By
- Mail In

Location of complaint: \_\_\_\_\_

Occupant of complaint: \_\_\_\_\_

(Check One)

- |                    |  |   |
|--------------------|--|---|
| Type of complaint: | <input type="checkbox"/> Zoning Ordinance          | <input type="checkbox"/> General Twp. Ordinance   |
|                    | <input type="checkbox"/> Blight Ordinance #23      | <input type="checkbox"/> Unlicensed Veh. Ord. #34 |
|                    | <input type="checkbox"/> Improper Storage          | <input type="checkbox"/> Unobstructed Yard Ord.   |
|                    | <input type="checkbox"/> Building without a permit | <input type="checkbox"/> Garbage                  |
|                    | <input type="checkbox"/> Building location         | <input type="checkbox"/> Fence                    |
|                    | <input type="checkbox"/> Boat Storage              | <input type="checkbox"/> Other _____              |
|                    | <input type="checkbox"/> Dangerous Building        |   |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

Complainant's Phone: \_\_\_\_\_

DATA ENTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_

Report Taker's Initials \_\_\_\_\_