

FARMINGTON TOWNSHIP  
P.O. BOX 81  
WEST FARMINGTON, OH. 44491  
330-889-3024 EXT. 2

**CITIZEN COMPLAINT FORM**

Name: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Phone (HOME): \_\_\_\_\_ (Cell) \_\_\_\_\_

DESCRIPTION OF COMPLAINT

(Be detailed – Use additional paper if necessary)

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\_\_\_\_\_  
(Your Signature) DATE: \_\_\_\_\_

Name of Township Trustee or Fiscal Officer to Whom This Complaint Is Given: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_