

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 _____		