

ADDISON TOWNSHIP

Ordinance Complaint Form

Date of Complaint: _____ No. _____

Method of Complaint: Phone _____ Written _____ In Person _____

Complainant: _____ Phone: _____

Address: _____

Description of Complaint: _____

Address/Location of Complaint: _____

Date of Investigation: _____

Findings of Investigation/Violation:

Action Taken: None ___
Verbal Warning ___
Written Warning ___ (attached)
Citation Issued ___

___ Photo(s) Taken, Date _____

Follow Up: _____

Investigating Official: _____