

CLYDE TOWNSHIP OFFICE
3350 VINCENT RD.
NORTH STREET, MI 48049
810/985-7258 or Fax 810/985-3065

COMPLAINT FORM

DATE: _____

COMPLAINT: _____

We must have the name, address and phone number of the complaint location or no action will be taken.

COMPLAINT LOCATION:

Name: _____ Address: _____
City: _____ Phone number: _____

We must have your name, address and phone number or no action will be taken.

INDIVIDUAL ISSUING COMPLAINT:

Name: _____ Address: _____
City: _____ Phone number: _____

By signing this I agree to be a witness for the township if this complaint should go to court.

Signature

I would like to be notified of the results: (Please circle)

YES

NO

Date: _____

Response: _____

