

# ARMADA TOWNSHIP COMPLAINT FORM

**Must be filled out by the person making the complaint**

Date:

Name:

Address:

Phone #:

Signature:

\*All complaints must be signed and dated by the person making the complaint. If complaint is not signed and has no contact phone number, the complaint will NOT be addressed. Thank you!

**Location of Complaint:**

**Owner of parcel:**

**Address if known:**

**Detailed Description of Concern:**

Office Use Only

Received by:

Date & Time: