



TOWNSHIP OF MUNISING
BLIGHT ORDINANCE COMPLAINT FORM

Name of Person Making Complaint: _____

Address: _____

Telephone No.: _____

Location of Complaint or Property Address:

Description of Complaint:

Signature

Date

TOWNSHIP OFFICE USE

Munising Township Board: Pursue Complaint - **YES / NO** Date: _____

Enforcement Officer

Subject Property Owner/Occupant:

Mailing Address: _____ Telephone No.: _____

Date: _____ Findings: _____

Date: _____ Findings: _____

Date: _____ Findings: _____

Date: _____ Findings: _____

Date: _____ Findings: _____

Citation: _____