Liberty TOWNSHIP

Embraced by nature. ◆ Inspired by progress.

RESIDENT COMPLAINT FORM

Address of complaint:_____Date Received:_____

Parcel#:_____Section:_____Subdivision:_____

Owner's name(s):_____ _____

Owner's address:_____

City:_____State:_____Zip Code:_____

Complaint:_____
_____
_____
_____
_____

ANONYMOUS COMPLAINTS ARE NOT ACCEPTED.

Filed by:_____ Daytime Phone #:_____

Address:_____ Zip Code:_____

Office use only:
Action/Inspection:_____
_____
_____
_____Date:_____By:_____

Action/Inspection:_____
_____
_____
_____Date:_____By:_____

Notified: □Building Dept. □Health Dept. □Sheriff's Office □Soil and Water
Date:_____ Date:_____ Date:_____ Date:_____

This form is subject to examination under the public records information act.