

LeRoy Township Ordinance Violation Complaint Form

Date of Complaint: \_\_\_\_\_

Name of Complainant (optional): \_\_\_\_\_

Address of Complainant (optional): \_\_\_\_\_  
\_\_\_\_\_

Name and Mailing Address of alleged violator (if known):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Complaint (please give as much detail as possible regarding the alleged ordinance violation (e.g. what did you see, what date, can you identify the alleged violators, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address/approximate location of alleged violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would complainant volunteer to testify if requested: Yes \_\_\_ No \_\_\_

Complainant Signature (optional) \_\_\_\_\_

Return completed form to: LeRoy Township Supervisor, PO Box 255, LeRoy MI 49655



For Office Use Only

Complaint substantiated \_\_\_\_\_ Date \_\_\_\_\_

Photographs or other evidence of violation: Yes \_\_\_ No \_\_\_

Township Board approval \_\_\_\_\_ Date \_\_\_\_\_

Notice of violation mailed \_\_\_\_\_ Date \_\_\_\_\_

Response? \_\_\_\_\_ Date \_\_\_\_\_

Civil infraction citation served? \_\_\_ Date \_\_\_\_\_