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Paul Pirrone
Supervisor
Trudy L. Hershberger
Clerk
Paul R. Francis
Treasurer
TC Clements
Craig Montri
Rick Steiner
Nancy Tienvieri
Trustees

Date: _____

Address of Alleged Violation:

Property owner name:

Address:

Alleged Violation:

Your Name:

Your Address:

Phone Number: _____

Cell Number: _____

Signature: _____

UNSIGNED COMPLAINTS WILL NOT BE PROCESSED

Office Use Only

Complaint Number: _____

Founded: _____ Unfounded: _____

Type of Blight: _____

Action Taken: _____

Date: _____

Referred to Attorney: _____

Date: _____