

CASCO TOWNSHIP

Building/Code Enforcement Department

4512 Meldrum Rd. Casco, MI 48064

586-727-7524 fax 586-727-3034

Email: ksengstock@cascostclair.com

buildingdepartment@cascostclair.com



COMPLAINT FORM

Date of Complaint: _____

Location of Complaint: (MUST HAVE AN ADDRESS)

Nature of Complaint and Section of Ordinance:

PLEASE NOTE: Casco Township has an established policy that all complaints must be in writing and signed.

In case of court action, are you willing to be a witness? Yes () No ()

The information that I have provided is true and correct to the best of my knowledge.

Complainant Name (please print) _____

Complainant Address: _____

Complainant Telephone (must provide) _____

Complainant Signature: _____

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OFFICE USE ONLY

Date Received: _____

Received By: _____

Complaint #: _____

Assigned To: _____

