

PORTER TOWNSHIP ZONING ENFORCEMENT COMPLAINT FORM

PROPERTY

LOCATION: _____

PROPERTY OWNER NAME & ADDRESS, IF KNOWN: _____

COMPLAINT: _____

SIGNATURE _____ DATE _____
(INFORMATION TO BE KEPT CONFIDENTIAL, IF REQUESTED)

APPROVAL TO PROCEED (Y) (N) _____
BOARD MEMBER SIGNATURE DATE

ORDINANCE ENFORCEMENT OFFICER RECEIVED: _____
DATE

ACTION TAKEN: _____

FINAL DISPOSITION: _____

ORDINANCE ENFORCEMENT OFFICER _____
SIGNATURE DATE

